

P R O P O S A L



P R E P A R E D F O R

TEACH Las Vegas



C O N T A C T

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M E D I C A L

TEACH Las Vegas

Market Study - Alternate Medical Plans

Effective Date: 7/1/2022
 Current Monthly Premium \$3,722.71

Health Plan of Nevada (HMO)		HMO Solutions Bronze 25/6850/40%	HMO Balance Silver 45/7000/30%	HMO Solutions Silver 35/2500/30%	HMO Solutions Gold 30/500/30%
3	EE Only	\$299.18	\$318.35	\$402.58	\$464.32
0	EE + Spouse	\$598.36	\$636.70	\$805.16	\$928.64
4	EE + Child(ren)	\$568.44	\$604.86	\$764.91	\$882.21
1	Family	\$957.38	\$1,018.71	\$1,288.26	\$1,485.83
Estimated Monthly Premium		\$4,128.68	\$4,393.20	\$5,555.63	\$6,407.65
% Increase From Current		10.91%	18.01%	49.24%	72.12%

Health Plan of Nevada (POS)		POS Solutions Gold 15/0/2000/20%	POS Solutions Gold 25/0/1500/20%	POS Solutions Gold 15/0/1000/20%	POS Solutions Gold 25/0/500/20%
3	EE Only	\$493.92	\$485.43	\$497.32	\$488.72
0	EE + Spouse	\$987.83	\$970.87	\$994.64	\$977.44
4	EE + Child(ren)	\$938.44	\$922.33	\$944.91	\$928.57
1	Family	\$1,580.53	\$1,553.39	\$1,591.43	\$1,563.91
Estimated Monthly Premium		\$6,816.05	\$6,699.00	\$6,863.04	\$6,744.37
% Increase From Current		83.09%	79.95%	84.36%	81.17%

Sierra Health & Life (PPD)		PPD Solutions HSA Bronze 6850/0%	PPD Solutions Silver 30/2450/0%	PPD Solutions Silver 25/1700/20%	PPD Solutions Gold 25/500/20%
3	EE Only	\$301.37	\$437.11	\$471.79	\$513.66
0	EE + Spouse	\$602.73	\$874.22	\$943.59	\$1,027.31
4	EE + Child(ren)	\$572.60	\$830.51	\$896.41	\$975.95
1	Family	\$964.37	\$1,398.76	\$1,509.74	\$1,643.70
Estimated Monthly Premium		\$4,158.86	\$6,032.15	\$6,510.77	\$7,088.45
% Increase From Current		11.72%	62.04%	74.89%	90.41%

UHC		CPJC Motion HSA 0%/6850/0%	CPJT Choice Plus Direct 35/5000/30%	CPJR Choice Plus Direct 40/3500/30%	CPJS Choice Plus Direct 30/1000/20%
3	EE Only	\$391.47	\$419.83	\$424.77	\$501.83
0	EE + Spouse	\$782.94	\$839.67	\$849.54	\$1,003.66
4	EE + Child(ren)	\$743.79	\$797.69	\$807.06	\$953.48
1	Family	\$1,252.71	\$1,343.47	\$1,359.26	\$1,605.86
Estimated Monthly Premium		\$5,402.30	\$5,793.72	\$5,861.82	\$6,925.26
% Increase From Current		45.12%	55.63%	57.46%	86.03%

TEACH Las Vegas

Market Study - Alternate Medical Plans

Effective Date: 7/1/2022
 Current Monthly Premium \$3,722.71

Friday		Bronze HSA	Silver Copay	Gold Copay	Platinum
3	EE Only	\$292.40	\$345.18	\$423.75	\$513.89
0	EE + Spouse	\$584.79	\$690.37	\$847.51	\$1,027.78
4	EE + Child(ren)	\$555.55	\$655.85	\$805.13	\$976.39
1	Family	\$935.67	\$1,104.59	\$1,356.01	\$1,644.45
Estimated Monthly Premium		\$4,035.06	\$4,763.54	\$5,847.81	\$7,091.71
% Increase From Current		8.39%	27.96%	57.08%	90.50%

Anthem BCBS		Anthem Bronze Guided Access HMO 7500/40%/8550 688K	Anthem Link Silver Guided Access HMO 5000/3700 68CU	Anthem Silver Guided Access HMO 4000/50%/8250 WH 68CP	Anthem Gold Guided Access HMO 500/20%/7500 68CF
3	EE Only	\$321.08	\$327.49	\$351.80	\$403.74
0	EE + Spouse	\$642.16	\$654.98	\$703.60	\$807.47
4	EE + Child(ren)	\$610.05	\$622.23	\$668.42	\$767.10
1	Family	\$1,027.45	\$1,047.97	\$1,125.76	\$1,291.95
Estimated Monthly Premium		\$4,430.88	\$4,519.37	\$4,854.83	\$5,571.55
% Increase From Current		19.02%	21.40%	30.41%	49.66%

Anthem BCBS		Anthem Bronze Choice PPO 6000/25%/7000 w/HSA 68CI	Anthem Silver Choice PPO 5000/30%/8500 68CL	Anthem Silver Choice PPO 3000/30%/8700 68CS
3	EE Only	\$399.14	\$445.87	\$446.95
0	EE + Spouse	\$798.28	\$891.73	\$893.91
4	EE + Child(ren)	\$758.36	\$847.15	\$849.21
1	Family	\$1,277.24	\$1,426.77	\$1,430.25
Estimated Monthly Premium		\$5,508.10	\$6,152.96	\$6,167.97
% Increase From Current		47.96%	65.28%	65.68%

HPN/SHL AHP		HMO Balance 40/6000/20	HMO Balance 30/5000	HMO Balance 10/3300	HMO Balance 20/1750
3	EE Only	\$236.57	\$248.97	\$268.00	\$293.36
0	EE + Spouse	\$473.14	\$497.94	\$535.99	\$586.73
4	EE + Child(ren)	\$449.48	\$473.04	\$509.19	\$557.39
1	Family	\$757.02	\$796.70	\$857.59	\$938.76
Estimated Monthly Premium		\$3,264.66	\$3,435.76	\$3,698.34	\$4,048.42
% Increase From Current		-12.30%	-7.71%	-0.65%	8.75%

TEACH Las Vegas

Market Study - Alternate Medical Plans

Effective Date: 7/1/2022

Current Monthly Premium \$3,722.71

HPN/SHL AHP		HMO Plus 30/5000-4A	HMO Plus 20/2000-30	HMO Plus 30/500-30	HMO Plus 15
3	EE Only	\$302.47	\$327.61	\$345.57	\$398.96
0	EE + Spouse	\$604.95	\$655.21	\$691.14	\$797.91
4	EE + Child(ren)	\$574.70	\$622.45	\$656.58	\$758.02
1	Family	\$967.92	\$1,048.34	\$1,105.82	\$1,276.66
Estimated Monthly Premium		\$4,174.15	\$4,520.96	\$4,768.86	\$5,505.61
% Increase From Current		12.13%	21.44%	28.10%	47.89%

HPN/SHL AHP		POS 30/1500/3000/50%	POS 15/1000/2500/30%	POS 15/0/1000/20%	HSA 1500/20%
3	EE Only	\$408.47	\$430.62	\$512.11	\$452.90
0	EE + Spouse	\$816.95	\$861.24	\$1,024.22	\$905.81
4	EE + Child(ren)	\$776.10	\$818.18	\$973.01	\$860.52
1	Family	\$1,307.12	\$1,377.98	\$1,638.75	\$1,449.29
Estimated Monthly Premium		\$5,636.95	\$5,942.54	\$7,067.13	\$6,250.07
% Increase From Current		51.42%	59.63%	89.84%	67.89%

HPN/SHL AHP		HSA 3000/20%	PP0 35/1500/30%	PP0 20/500/20%
3	EE Only	\$395.18	\$502.24	\$564.91
0	EE + Spouse	\$790.36	\$1,004.48	\$1,129.82
4	EE + Child(ren)	\$750.84	\$954.25	\$1,073.33
1	Family	\$1,264.58	\$1,607.17	\$1,807.71
Estimated Monthly Premium		\$5,453.50	\$6,930.90	\$7,795.74
% Increase From Current		46.49%	86.18%	109.41%

Prominence		HMO Value Based Gold 0/2500/20%	PP0 Bronze 0%/8700/0%	PP0 Silver 0/6000/30%	PP0 Gold 0/1500/20%
3	EE Only	\$352.33	\$328.32	\$354.99	\$412.15
0	EE + Spouse	\$704.66	\$656.65	\$709.98	\$824.30
4	EE + Child(ren)	\$669.43	\$623.81	\$674.48	\$783.08
1	Family	\$1,127.46	\$1,050.63	\$1,135.97	\$1,318.88
Estimated Monthly Premium		\$4,862.15	\$4,530.86	\$4,898.88	\$5,687.66
% Increase From Current		30.61%	21.71%	31.59%	52.78%

TEACH Las Vegas

Market Study - Alternate Medical Plans

Effective Date: 7/1/2022

Current Monthly Premium \$3,722.71

Select Health		HMO Silver - 3000/6000	PPO Silver 4500/9000 HSA	PPO Silver - 3000/6000	PPO Gold- 500/1500
3	EE Only	\$347.54	\$316.88	\$335.80	\$404.71
0	EE + Spouse	\$695.07	\$633.77	\$671.59	\$809.42
4	EE + Child(ren)	\$660.32	\$602.08	\$638.01	\$768.95
1	Family	\$1,112.12	\$1,014.03	\$1,074.55	\$1,295.07
Estimated Monthly Premium		\$4,796.00	\$4,373.00	\$4,634.00	\$5,585.00
% Increase From Current		28.83%	17.47%	24.48%	50.03%

HPN AHP

	Current	Renewal	Step-Down Option
	HMO Balance 20/1750	HMO Balance 20/1750	HMO Balance 10/3300
	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS			
Individual Deductible	\$1,750	\$1,750	\$3,300
Family Deductible	\$3,500	\$3,500	\$6,600
Individual Out-of-Pocket Maximum	\$7,000	\$7,000	\$7,300
Family Out-of-Pocket Maximum	\$14,000	\$14,000	\$14,600
PHYSICIAN & DIAGNOSTIC SERVICES			
Primary Care Physician	\$20	\$20	\$10
Specialist	\$40	\$40	\$20
Convenient Care / Telemedicine	\$0	\$0	\$0
Lab Services	\$10	\$10	\$10
X-ray Services	\$10	\$10	\$10
FACILITY FEES			
Urgent Care	\$35	\$35	\$35
Emergency Room	\$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	\$2,000 after ded. per day, not to exceed \$6,000 per admission
Surgery Center	\$100	\$100	\$100
Outpatient Hospital Surgery	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.
PRESCRIPTION DRUGS			
Deductible	N/A	N/A	N/A
Tiers 1-4 Copays	\$10 / \$40 / \$85 / \$250	\$25 / \$50 / \$75 / \$250	\$25 / \$50 / \$75 / \$250
Premium Summary			
ANDREA MOORE	\$678.07	\$815.96	\$745.40
EDITH MORALES	\$515.92	\$659.04	\$602.05
NICOLE HUBBLE	\$854.96	\$910.12	\$831.42
HARMONY CHAVEZ	\$427.48	\$455.06	\$415.71
SAMANTHA TERRANOVA	\$235.85	\$251.06	\$229.35
MEGAN DAVIS	\$427.48	\$455.06	\$415.71
O'RANE FORRESTER	\$235.85	\$251.06	\$229.35
TYLER BRANTON			
Estimated Monthly Total	\$3,375.61	\$3,797.36	\$3,468.99
Percentage Change From Current	N/A	12.49%	2.77%

HPN AHP

	Current			Renewal			Step-Down Option		
	POS 15/1000/2500/30%			POS 15/1000/2500/30%			POS 30/1500/3000/50%		
	HMO	PPO	Out of network	HMO	PPO	Out of network	HMO	PPO	Out of network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS									
Individual Deductible	\$1,000	\$2,500	\$5,000	\$1,000	\$2,500	\$5,000	\$1,500	\$3,000	\$6,000
Family Deductible	\$2,000	\$5,000	\$10,000	\$2,000	\$5,000	\$10,000	\$3,000	\$6,000	\$12,000
Individual Out-of-Pocket Maximum	\$6,850	\$6,850	\$15,000	\$6,850	Combined with Tier 1	\$15,000	\$8,550	Combined with Tier 1	\$15,000
Family Out-of-Pocket Maximum	\$13,700	\$13,700	\$30,000	\$13,700	Combined with Tier 1	\$30,000	\$17,100	Combined with Tier 1	\$30,000
PHYSICIAN & DIAGNOSTIC SERVICES									
Primary Care Physician	\$15	\$30	50% after ded.	\$15	\$30	50% after ded.	\$30	\$40	50% after ded.
Specialist	\$30	\$60	50% after ded.	\$30	\$60	50% after ded.	\$60	\$80	50% after ded.
Convenient Care / Telemedicine	\$0	Not Covered	Not Covered	\$0	Not Covered	Not Covered	\$0	Not Covered	Not Covered
Lab Services	\$10	\$25	50% after ded.	\$10	\$25	50% after ded.	\$20	\$30	50% after ded.
X-ray Services	\$20	\$50	50% after ded.	\$20	\$50	50% after ded.	\$40	\$60	50% after ded.
FACILITY FEES									
Urgent Care	\$40	\$40	\$40	\$40	\$40	\$40	\$50	\$50	\$50
Emergency Room	\$1,000 after ded. \$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded. \$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.	\$1,500 after ded. \$1,500 after ded.	\$1,500 after ded.	\$1,500 after ded.
Inpatient Hospital	per day, not to exceed \$3,000 per admission	30% after ded.	50% after ded.	per day, not to exceed \$3,000 per admission	30% after ded.	50% after ded.	per day, not to exceed \$4,500 per admission	50% after ded.	50% after ded.
Surgery Center	\$100	30% after ded.	50% after ded.	\$100	30% after ded.	50% after ded.	\$100	50% after ded.	50% after ded.
Outpatient Hospital Surgery	\$500	30% after ded.	50% after ded.	\$500	30% after ded.	50% after ded.	\$500	50% after ded.	50% after ded.
PRESCRIPTION DRUGS									
Deductible	N/A			N/A			N/A		
Tiers 1-4 Copays	\$15 / \$40 / \$60 / \$250			\$25 / \$50 / \$75 / \$250			\$25 / \$50 / \$75 / \$250		
Premium Summary									
ANDREA MOORE									
EDITH MORALES									
NICOLE HUBBLE									
HARMONY CHAVEZ									
SAMANTHA TERRANOVA									
MEGAN DAVIS									
O'RANE FORRESTER									
TYLER BRANTON		\$347.10			\$368.53			\$349.58	
Estimated Monthly Total		\$347.10			\$368.53			\$349.58	
Percentage Change From Current		N/A			6.17%			0.71%	

Current Premium	\$3,722.71	Percent Difference
Renewal Premium	\$4,165.89	11.90%
Step-Down Premium	\$3,818.57	2.58%

Health Plan of Nevada (HMO)

	OPTION HMO Solutions Bronze 25/6850/40%	OPTION HMO Balance Silver 45/7000/30%	OPTION HMO Solutions Silver 35/2500/30%	OPTION HMO Solutions Gold 30/500/30%
Medical Benefits	In Network	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$6,850	\$7,000	\$2,500	\$500
Family Deductible	\$13,700	\$14,000	\$5,000	\$1,000
Individual Out-of-Pocket Maximum	\$8,700	\$7,900	\$8,550	\$8,500
Family Out-of-Pocket Maximum	\$17,400	\$15,800	\$17,100	\$17,000
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	\$25	\$45	\$35	\$30
Specialist	\$0 after ded.	\$90	\$80	\$70
Telemedicine	\$0	\$0	\$0	\$0
Lab Services	\$25 after ded.	\$40	\$25	\$20
X-ray Services	\$25 after ded.	\$70	\$50	\$40
FACILITY FEES				
Urgent Care	\$25	\$45	\$35	\$35
Emergency Room	\$600 after ded.	\$1,500 per visit then 0% after ded.	\$1,000/visit then 0% after ded.	\$1,000
Inpatient Hospital	40% after ded.	30% after ded.	30% after ded.	30% after ded.
Surgery Center	40% after ded.	\$300 after ded.	\$100/surgery then 0% after ded.	30% after ded.
Outpatient Hospital Surgery	40% after ded.	30% after ded.	\$300/surgery then 0% after ded.	30% after ded.
PRESCRIPTION DRUGS				
Deductible	Combined with Medical (tiers 2-4)	N/A	N/A	\$50 / \$100 (Tiers 1-4)
Tiers 1-4 Copays	\$25 / 40% after ded. / 40% after ded. / 40% after ded.	\$10 / \$50 / \$95 / \$250	\$25 / \$50 / \$75 / \$350	\$5 after ded. / \$50 after ded. / \$75 after ded. / 50% after ded.
Premium Summary				
ANDREA MOORE	\$847.54	\$901.85	\$1,140.47	\$1,315.37
EDITH MORALES	\$564.56	\$600.74	\$759.69	\$876.20
NICOLE HUBBLE	\$1,048.75	\$1,115.93	\$1,411.21	\$1,627.64
HARMONY CHAVEZ	\$460.85	\$490.37	\$620.12	\$715.23
SAMANTHA TERRANOVA	\$231.00	\$245.80	\$310.84	\$358.51
MEGAN DAVIS	\$468.24	\$498.24	\$630.07	\$726.70
O'RANE FORRESTER	\$276.74	\$294.47	\$372.39	\$429.49
TYLER BRANTON	\$231.00	\$245.80	\$310.84	\$358.51
Estimated Monthly Total	\$4,128.68	\$4,393.20	\$5,555.63	\$6,407.65
Percentage Change From Current	10.91%	18.01%	49.24%	72.12%

Health Plan of Nevada (POS)

	OPTION			OPTION			OPTION			OPTION		
	POS Solutions Gold 15/0/2000/20%			POS Solutions Gold 25/0/1500/20%			POS Solutions Gold 15/0/1000/20%			POS Solutions Gold 25/0/500/20%		
Medical Benefits	HMO	PPO	Out of network	HMO	PPO	Out of network	HMO	PPO	Out of network	HMO	PPO	Out of network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS												
Individual Deductible	N/A	\$2,000	\$5,000	N/A	\$1,500	\$3,000	N/A	\$1,000	\$2,000	N/A	\$500	\$1,000
Family Deductible	N/A	\$4,000	\$15,000	N/A	\$3,000	\$6,000	N/A	\$2,000	\$4,000	N/A	\$1,000	\$2,000
Individual Out-of-Pocket Maximum	\$5,000	\$7,500	\$20,000	\$6,500	\$7,900	\$30,000	\$6,500	\$7,900	\$30,000	\$6,000	\$7,900	\$30,000
Family Out-of-Pocket Maximum	\$10,000	\$15,000	\$40,000	\$13,000	\$15,800	\$60,000	\$13,000	\$15,800	\$60,000	\$12,000	\$15,800	\$60,000
PHYSICIAN & DIAGNOSTIC SERVICES												
Primary Care Physician	\$15	\$35	50% after ded.	\$25	\$40	50% after ded.	\$15	\$30	50% after ded.	\$25	\$40	50% after ded.
Specialist	\$50	\$70	50% after ded.	\$45	\$60	50% after ded.	\$35	\$50	50% after ded.	\$45	\$60	50% after ded.
Telemedicine	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services	\$10	\$25	50% after ded.	\$15	\$30	50% after ded.	\$10	\$25	50% after ded.	\$15	\$30	50% after ded.
X-ray Services	\$25	\$50	50% after ded.	\$25	\$40	50% after ded.	\$25	\$40	50% after ded.	\$25	\$40	50% after ded.
FACILITY FEES												
Urgent Care	\$15	\$15	\$15	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room	\$750	\$750	\$750	\$500	\$500	\$500	\$750	\$750	\$750	\$500	\$500	\$500
Inpatient Hospital	\$1,000	20% after ded.	50% after ded.	20% coins.	20% after ded.	50% after ded.	\$500	20% after ded.	50% after ded.	20% coins.	20% after ded.	50% after ded.
Surgery Center	\$250	20% after ded.	50% after ded.	\$200	20% after ded.	50% after ded.	\$100	20% after ded.	50% after ded.	\$200	20% after ded.	50% after ded.
Outpatient Hospital Surgery	\$350	20% after ded.	50% after ded.	\$350	20% after ded.	50% after ded.	\$250	20% after ded.	50% after ded.	\$350	20% after ded.	50% after ded.
PRESCRIPTION DRUGS												
Deductible	N/A			N/A			N/A			N/A		
Tiers 1-4 Copays	\$15 / \$40 / \$70 / \$300			\$15 / \$40 / \$70 / \$300			\$15 / \$40 / \$70 / \$300			\$15 / \$40 / \$70 / \$300		
Premium Summary												
ANDREA MOORE	\$1,399.21			\$1,375.18			\$1,408.86			\$1,384.50		
EDITH MORALES	\$932.04			\$916.04			\$938.47			\$922.24		
NICOLE HUBBLE	\$1,731.38			\$1,701.65			\$1,743.30			\$1,713.16		
HARMONY CHAVEZ	\$760.81			\$747.75			\$766.06			\$752.81		
SAMANTHA TERRANOVA	\$381.36			\$374.81			\$383.99			\$377.35		
MEGAN DAVIS	\$773.02			\$759.74			\$778.35			\$764.89		
O'RAINE FORRESTER	\$456.87			\$449.02			\$460.02			\$452.07		
TYLER BRANTON	\$381.36			\$374.81			\$383.99			\$377.35		
Estimated Monthly Total	\$6,816.05			\$6,699.00			\$6,863.04			\$6,744.37		
Percentage Change From Current	83.09%			79.95%			84.36%			81.17%		

Sierra Health And Life (PPO)

	OPTION		OPTION		OPTION		OPTION	
	PPO Solutions HSA Bronze 6850/0%		PPO Solutions Silver 30/2450/0%		PPO Solutions Silver 25/1700/20%		PPO Solutions Gold 25/500/20%	
Medical Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS								
Individual Deductible	\$6,850	\$13,700	\$2,450	\$6,000	\$1,700	\$6,000	\$500	\$1,000
Family Deductible	\$13,700	\$27,400	\$4,900	\$12,000	\$3,400	\$12,000	\$1,000	\$2,000
Individual Out-of-Pocket Maximum	\$6,850	\$13,700	\$8,550	\$17,100	\$8,550	\$15,800	\$7,500	\$15,000
Family Out-of-Pocket Maximum	\$13,700	\$27,400	\$17,100	\$34,200	\$17,100	\$31,600	\$15,000	\$30,000
PHYSICIAN & DIAGNOSTIC SERVICES								
Primary Care Physician	0% after ded.	50% after ded.	\$30	50% after ded.	\$25	50% after ded.	\$25	50% after ded.
Specialist	0% after ded.	50% after ded.	\$60	50% after ded.	\$80	50% after ded.	\$50	50% after ded.
Telemedicine	0% after ded.	50% after ded.	\$0	50% after ded.	\$0	50% after ded.	\$0	50% after ded.
Lab Services	0% after ded.	50% after ded.	\$25	50% after ded.	\$25	50% after ded.	\$20	50% after ded.
X-ray Services	0% after ded.	50% after ded.	\$50	50% after ded.	\$50	50% after ded.	\$40	50% after ded.
FACILITY FEES								
Urgent Care	0% after ded.	50% after ded.	\$50	50% after ded.	\$50	50% after ded.	\$50	50% after ded.
Emergency Room	0% after ded.	0% after ded.	\$500 after ded.	\$500 after ded.	\$500 per visit then 0% after ded.	\$500 per visit then 0% after ded.	\$500	\$500
Inpatient Hospital	0% after ded.	50% after ded.	\$1,000 after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Surgery Center	0% after ded.	50% after ded.	\$200 after ded.	50% after ded.	\$250	50% after ded.	\$200	50% after ded.
Outpatient Hospital Surgery	0% after ded.	50% after ded.	\$400 after ded.	50% after ded.	\$500	50% after ded.	\$350	50% after ded.
PRESCRIPTION DRUGS (In Network)								
Deductible	Combined with Medical (Tiers 1-4)		\$350 / \$700 (Tier 4)		\$350 / \$700 (Tier 4)		N/A	
Tiers 1-4 Copays	0% after ded.		\$25 / \$50 / \$75 / \$350 after ded.		\$25 / \$50 / \$75 / \$350 after ded.		\$15 / \$40 / \$70 / \$300	
Premium Summary								
ANDREA MOORE	\$853.74		\$1,238.30		\$1,336.54		\$1,455.13	
EDITH MORALES	\$568.69		\$824.85		\$890.30		\$969.29	
NICOLE HUBBLE	\$1,056.41		\$1,532.26		\$1,653.84		\$1,800.57	
HARMONY CHAVEZ	\$464.22		\$673.31		\$726.73		\$791.22	
SAMANTHA TERRANOVA	\$232.69		\$337.50		\$364.28		\$396.60	
MEGAN DAVIS	\$471.66		\$684.11		\$738.39		\$803.91	
O'RANE FORRESTER	\$278.76		\$404.32		\$436.41		\$475.13	
TYLER BRANTON	\$232.69		\$337.50		\$364.28		\$396.60	
Estimated Monthly Total	\$4,158.86		\$6,032.15		\$6,510.77		\$7,088.45	
Percentage Change From Current	11.72%		62.04%		74.89%		90.41%	



	OPTION		OPTION		OPTION		OPTION	
	CPJC Motion HSA 0%/6850/0%		CPJT Choice Plus Direct 35/5000/30%		CPJR Choice Plus Direct 40/3500/30%		CPJS Choice Plus Direct 30/1000/20%	
Medical Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS								
Individual Deductible	\$6,850	\$13,700	\$5,000	\$10,000	\$3,500	\$7,000	\$1,000	\$5,000
Family Deductible	\$13,700	\$27,400	\$10,000	\$20,000	\$7,000	\$14,000	\$2,000	\$10,000
Individual Out-of-Pocket Maximum	\$6,850	\$13,700	\$8,550	\$16,800	\$8,700	\$16,300	\$6,500	\$15,000
Family Out-of-Pocket Maximum	\$13,700	\$27,400	\$17,100	\$33,600	\$17,400	\$32,600	\$13,000	\$30,000
PHYSICIAN & DIAGNOSTIC SERVICES								
Primary Care Physician	0% after ded.	0% after ded.	\$35	50% after ded.	\$40	50% after ded.	\$30	50% after ded.
Specialist	0% after ded.	0% after ded.	\$70	50% after ded.	\$80	50% after ded.	\$60	50% after ded.
Telemedicine	0% after ded.	0% after ded.	\$0	50% after ded.	\$0	50% after ded.	\$0	50% after ded.
Lab Services	0% after ded.	0% after ded.	\$50	50% after ded.	\$50	50% after ded.	\$35	50% after ded.
X-ray Services	0% after ded.	0% after ded.	\$50	50% after ded.	\$50	50% after ded.	\$35	50% after ded.
FACILITY FEES								
Urgent Care	0% after ded.	0% after ded.	\$50	50% after ded.	\$50	50% after ded.	\$50	50% after ded.
Emergency Room	0% after ded.	0% after ded.	\$250 + 30% after ded.	\$250 + 30% after ded.	\$250 + 30% after ded.	\$250 + 30% after ded.	\$250 + 20% after ded.	\$250 + 20% after ded.
Inpatient Hospital	0% after ded.	0% after ded.	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Surgery Center	0% after ded.	0% after ded.	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient Hospital Surgery	0% after ded.	0% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
PRESCRIPTION DRUGS								
Deductible	Combined with Medical		\$500 / \$1,000 (Tier 4 Only)		\$500 / \$1,000 (Tier 4 Only)		N/A	
Tiers 1-4 Copays	0% after ded. / 0% after ded. / 0% after ded. / 0% after ded.		\$15 / \$50 / \$125 / \$500 after ded.		\$15 / \$50 / \$125 / \$500 after ded.		\$10 / \$45 / \$110 / \$500	
Premium Summary								
ANDREA MOORE	\$1,108.99		\$1,189.35		\$1,203.32		\$1,421.63	
EDITH MORALES	\$738.72		\$792.25		\$801.56		\$946.98	
NICOLE HUBBLE	\$1,372.27		\$1,471.69		\$1,488.99		\$1,759.12	
HARMONY CHAVEZ	\$603.01		\$646.70		\$654.30		\$773.00	
SAMANTHA TERRANOVA	\$302.26		\$324.16		\$327.97		\$387.47	
MEGAN DAVIS	\$612.68		\$657.07		\$664.80		\$785.40	
O'RAINE FORRESTER	\$362.11		\$388.34		\$392.91		\$464.19	
TYLER BRANTON	\$302.26		\$324.16		\$327.97		\$387.47	
Estimated Monthly Total	\$5,402.30		\$5,793.72		\$5,861.82		\$6,925.26	
Percentage Change From Current	45.12%		55.63%		57.46%		86.03%	

Friday Health Plans

	OPTION	OPTION	OPTION	OPTION
	Bronze HSA	Silver Copay	Gold Copay	Platinum
Medical Benefits	In Network	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$7,000	\$5,500	\$2,300	\$250
Family Deductible	\$14,000	\$11,000	\$4,600	\$500
Individual Out-of-Pocket Maximum	\$7,000	\$8,700	\$8,250	\$4,500
Family Out-of-Pocket Maximum	\$14,000	\$17,400	\$16,500	\$9,000
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	0% after ded.	\$0	\$0	\$0
Specialist	0% after ded.	\$80	\$60	\$20
Telemedicine	0% after ded. / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Lab Services	0% after ded.	30% after ded.	20% after ded.	10% after ded.
X-ray Services	0% after ded.	\$100	\$100	10% after ded.
FACILITY FEES				
Urgent Care	0% after ded.	\$100	\$75	\$50
Emergency Room	0% after ded.	30% after ded.	50% after ded.	\$250
Inpatient Hospital	0% after ded.	30% after ded.	20% after ded.	10% after ded.
Surgery Center	0% after ded.	30% after ded.	20% after ded.	10% after ded.
Outpatient Hospital Surgery	0% after ded.	30% after ded.	20% after ded.	10% after ded.
PRESCRIPTION DRUGS				
Deductible	Combined with Medical	N/A	N/A	N/A
Tiers 1-4 Copays	0% after ded. / 0% after ded. / 0% after ded. / 0% after ded.	Up to \$30 / Up to \$80 / Up to \$150 / Up to \$425	Up to \$10 / Up to \$40 / Up to \$75 / Up to \$300	\$0 / Up to \$20 / Up to \$50 / Up to \$300
Premium Summary				
ANDREA MOORE	\$828.33	\$977.87	\$1,200.44	\$1,455.80
EDITH MORALES	\$551.76	\$651.38	\$799.65	\$969.74
NICOLE HUBBLE	\$1,024.96	\$1,210.01	\$1,485.42	\$1,801.40
HARMONY CHAVEZ	\$450.40	\$531.71	\$652.74	\$791.58
SAMANTHA TERRANOVA	\$225.76	\$266.52	\$327.19	\$396.78
MEGAN DAVIS	\$457.62	\$540.24	\$663.21	\$804.28
O'RAKE FORRESTER	\$270.47	\$319.29	\$391.97	\$475.35
TYLER BRANTON	\$225.76	\$266.52	\$327.19	\$396.78
Estimated Monthly Total	\$4,035.06	\$4,763.54	\$5,847.81	\$7,091.71
Percentage Change From Current	8.39%	27.96%	57.08%	90.50%

Anthem

	OPTION	OPTION	OPTION	OPTION
	Anthem Bronze Guided Access HMO 7500/40%/8550 6BBK	Anthem Link Silver Guided Access HMO 5000/8700 6BCU	Anthem Silver Guided Access HMO 4000/50%/8250 WH 6BCP	Anthem Gold Guided Access HMO 500/20%/7500 6BCF
Medical Benefits	In Network	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$7,500	\$5,000	\$4,000	\$500
Family Deductible	\$15,000	\$10,000	\$8,000	\$1,500
Individual Out-of-Pocket Maximum	\$8,550	\$8,700	\$8,250	\$7,500
Family Out-of-Pocket Maximum	\$17,100	\$17,400	\$16,500	\$15,000
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	\$65	\$50	\$40	\$25
Specialist	\$150	\$100	\$80	\$50
Telemedicine	\$0 for first 12 visits then \$10	\$0 for first 12 visits then \$10	\$0 for first 12 visits then \$10	\$0 for the first 12 visits then \$10
Lab Services	40% after ded.	25% after ded.	50% after ded.	20% after ded.
X-ray Services	40% after ded.	25% after ded.	50% after ded.	20% after ded.
FACILITY FEES				
Urgent Care	\$150	\$100	\$80	\$50
Emergency Room	40% after ded.	\$1,000 after ded.	\$1,000 + 50% after ded.	\$500 + 20% coins.
Inpatient Hospital	40% after ded.	\$750 after ded.	\$1,000 + 50% after ded.	20% after ded.
Surgery Center	\$300	\$500	\$300	\$300
Outpatient Hospital Surgery	40% after ded.	\$500 after ded.	\$500 + 50% after ded.	20% after ded.
PRESCRIPTION DRUGS				
Deductible	\$750 / \$1,500 (Tiers 2-4)	Combined with Medical (Tiers 3-4)	N/A	\$250 / \$500 (Tiers 2-4)
Tiers 1-4 Copays	\$10 / \$20 / \$40 after ded. / \$80 after ded. / 25% coins. up to \$500	\$0 / \$10 / \$60 after ded. / \$125 after ded. / \$500	\$10 / \$20 / \$40 / \$80 / 25% coins. up to \$500	\$10 / \$20 / \$40 after ded. / \$80 after ded. / 25% up to \$500
Premium Summary				
ANDREA MOORE	\$909.58	\$927.74	\$996.61	\$1,143.74
EDITH MORALES	\$605.89	\$617.99	\$663.86	\$761.87
NICOLE HUBBLE	\$1,125.50	\$1,147.98	\$1,233.19	\$1,415.26
HARMONY CHAVEZ	\$494.58	\$504.46	\$541.90	\$621.90
SAMANTHA TERRANOVA	\$247.91	\$252.86	\$271.63	\$311.73
MEGAN DAVIS	\$502.51	\$512.55	\$550.60	\$631.87
O'RANE FORRESTER	\$297.00	\$302.93	\$325.41	\$373.45
TYLER BRANTON	\$247.91	\$252.86	\$271.63	\$311.73
Estimated Monthly Total	\$4,430.88	\$4,519.37	\$4,854.83	\$5,571.55
Percentage Change From Current	19.02%	21.40%	30.41%	49.66%

Anthem

	OPTION			OPTION			OPTION		
	Anthem Bronze Choice PPO 6000/25%/7000 w/HSA 6BC1			Anthem Silver Choice PPO 5000/30%/8500 6BCL			Anthem Silver Choice PPO 3000/30%/8700 6BC5		
Medical Benefits	HMO	PPO	Out of network	HMO	PPO	Out of network	HMO	PPO	Out of network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS									
Individual Deductible	\$6,000	\$6,500	\$13,000	\$5,000	\$6,000	\$12,000	\$3,000	\$5,500	\$11,000
Family Deductible	\$12,000	\$13,000	\$26,000	\$10,000	\$12,000	\$24,000	\$6,000	\$11,000	\$22,000
Individual Out-of-Pocket Maximum	\$7,000	\$7,000	\$14,000	\$8,500	\$8,500	\$17,000	\$8,700	\$8,700	\$17,400
Family Out-of-Pocket Maximum	\$14,000	\$14,000	\$28,000	\$17,000	\$17,000	\$34,000	\$17,400	\$17,400	\$32,800
PHYSICIAN & DIAGNOSTIC SERVICES									
Primary Care Physician	25% after ded.	40% after ded.	50% after ded.	\$30	\$50	50% after ded.	\$50	\$75	50% after ded.
Specialist	25% after ded.	40% after ded.	50% after ded.	\$60	\$90	50% after ded.	\$75	\$100	50% after ded.
Telemedicine	25% after ded.	40% after ded.	Not Covered	\$0 for first 12 visits then \$10	\$0 for first 12 visits then \$10	Not Covered	\$0 for first 12 visits then \$10	\$0 for first 12 visits then \$10	Not Covered
Lab Services	25% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
X-ray Services	25% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
FACILITY FEES									
Urgent Care	25% after ded.	40% after ded.	50% after ded.	\$60	\$90	50% after ded.	\$75	\$1,000	50% after ded.
Emergency Room	25% after ded.	25% after ded.	25% after ded.	\$1,000 + 30% coins.	\$1,000 + 30% coins.	\$1,000 + 30% coins.	\$1,000 + 50% coins.	\$1,000 + 50% coins.	\$1,000 + 50% coins.
Inpatient Hospital	25% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Surgery Center	25% after ded.	40% after ded.	50% after ded.	\$300	\$300	50% after ded.	\$300	\$300	50% after ded.
Outpatient Hospital Surgery	25% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
PRESCRIPTION DRUGS									
Deductible	Combined with Medical			N/A			\$500 / \$1,000 (Tiers 2-4)		
Tiers 1-4 Copays	25% after ded. / 25% after ded. / 25% after ded. / 25% after ded.			\$10 / \$20 / \$40 / \$80 / 25% coins. up to \$500			\$10 / \$20 / \$40 after ded. / \$80 after ded. / 25% after ded. up to \$500		
Premium Summary									
ANDREA MOORE	\$1,130.71			\$1,263.09			\$1,266.18		
EDITH MORALES	\$753.19			\$841.37			\$843.42		
NICOLE HUBBLE	\$1,399.14			\$1,562.94			\$1,566.75		
HARMONY CHAVEZ	\$614.82			\$686.80			\$688.47		
SAMANTHA TERRANOVA	\$308.18			\$344.26			\$345.10		
MEGAN DAVIS	\$624.68			\$697.82			\$699.52		
O'RANE FORRESTER	\$369.20			\$412.42			\$413.43		
TYLER BRANTON	\$308.18			\$344.26			\$345.10		
Estimated Monthly Total	\$5,508.10			\$6,152.96			\$6,167.97		
Percentage Change From Current	47.96%			65.28%			65.68%		

Prominence

	OPTION	OPTION		OPTION		OPTION	
	HMO Value Based Gold 0/2500/20%	PPO Bronze 0%/8700/0%		PPO Silver 0/6000/30%		PPO Gold 0/1500/20%	
Medical Benefits	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS							
Individual Deductible	\$2,500	\$8,700	\$17,400	\$6,000	\$12,000	\$1,500	\$3,000
Family Deductible	\$5,000	\$17,400	\$34,800	\$12,000	\$24,000	\$3,000	\$6,000
Individual Out-of-Pocket Maximum	\$8,700	\$8,700	\$17,400	\$8,100	\$16,200	\$7,500	\$15,000
Family Out-of-Pocket Maximum	\$17,400	\$17,400	\$34,800	\$16,200	\$32,400	\$15,000	\$30,000
PHYSICIAN & DIAGNOSTIC SERVICES							
Primary Care Physician	\$0	\$0	0% after ded.	\$0	50% after ded.	\$0	50% after ded.
Specialist	20% after ded.	0% after ded.	0% after ded.	\$150	50% after ded.	\$100	50% after ded.
Telemedicine	\$0	\$0	0% after ded.	\$0	50% after ded.	\$0	50% after ded.
Lab Services	\$0	0% after ded.	0% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
X-ray Services	20% after ded.	0% after ded.	0% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
FACILITY FEES							
Urgent Care	\$50	\$50	0% after ded.	\$50	50% after ded.	\$50	50% after ded.
Emergency Room	20% after ded.	0% after ded.	0% after ded.	30% after ded.	30% after ded.	20% after ded.	20% after ded.
Inpatient Hospital	20% after ded.	0% after ded.	0% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Surgery Center	20% after ded.	0% after ded.	0% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient Hospital Surgery	20% after ded.	0% after ded.	0% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
PRESCRIPTION DRUGS							
Deductible	Combined with Medical (Tiers 2-4)	Combined with Medical (Tiers 2-4)		Combined with Medical (Tiers 3-4)		Combined with Medical (Tiers 3-4)	
Tiers 1-4 Copays	\$0 / 20% after ded. / 20% after ded. / 20% after ded.	\$25 / 0% after ded. / 0% after ded. / 0% after ded.		\$0 / \$100 / 30% after ded. / 30% after ded.		\$0 / \$75 / 20% after ded. / 20% after ded.	
Premium Summary							
ANDREA MOORE	\$998.11	\$930.11		\$1,005.65		\$1,167.57	
EDITH MORALES	\$664.86	\$619.56		\$669.88		\$777.75	
NICOLE HUBBLE	\$1,235.06	\$1,150.90		\$1,244.39		\$1,444.74	
HARMONY CHAVEZ	\$542.72	\$505.74		\$546.82		\$634.86	
SAMANTHA TERRANOVA	\$272.04	\$253.50		\$274.09		\$318.23	
MEGAN DAVIS	\$551.42	\$513.85		\$555.59		\$645.04	
O'RAINE FORRESTER	\$325.90	\$303.70		\$328.37		\$381.24	
TYLER BRANTON	\$272.04	\$253.50		\$274.09		\$318.23	
Estimated Monthly Total	\$4,862.15	\$4,530.86		\$4,898.88		\$5,687.66	
Percentage Change From Current	30.61%	21.71%		31.59%		52.78%	

Select Health

	OPTION HMO Silver - 3000/6000	OPTION PPO Silver 4500/9000 HSA		OPTION PPO Silver - 3000/6000		OPTION PPO Gold- 500/1500	
Medical Benefits	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS							
Individual Deductible	\$3,000	\$4,500	\$10,000	\$3,000	\$6,000	\$500	\$1,500
Family Deductible	\$3,000 / \$6,000	\$4,500 / \$9,000	\$10,000 / \$20,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$500 / \$1,500	\$1,500 / \$4,500
Individual Out-of-Pocket Maximum	\$7,900	\$4,500	\$10,000	\$7,900	\$20,000	\$7,700	\$20,000
Family Out-of-Pocket Maximum	\$7,900 / \$15,800	\$4,500 / \$9,000	\$10,000 / \$20,000	\$7,900 / \$15,800	\$20,000 / \$40,000	\$7,700 / \$15,400	\$20,000 / \$40,000
PHYSICIAN & DIAGNOSTIC SERVICES							
Primary Care Physician	\$25	0% after ded.	0% after ded.	\$25	50% after ded.	\$20	50% after ded.
Specialist	\$50	0% after ded.	0% after ded.	\$50	50% after ded.	\$50	50% after ded.
Telemedicine	\$0	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Lab Services	\$35	0% after ded.	0% after ded.	\$35	50% after ded.	\$0	50% after ded.
X-ray Services	40% after ded.	0% after ded.	0% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.
FACILITY FEES							
Urgent Care	\$45	0% after ded.	0% after ded.	\$45	50% after ded.	\$45	50% after ded.
Emergency Room	\$350 after ded.	0% after ded.	0% after In-Network ded.	\$350 after ded.	\$350 after ded.	\$350 after ded.	\$350 after ded.
Inpatient Hospital	40% after ded.	0% after ded.	0% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.
Surgery Center	40% after ded.	0% after ded.	0% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.
Outpatient Hospital Surgery	40% after ded.	0% after ded.	0% after ded.	40% after ded.	50% after ded.	30% after ded.	50% after ded.
PRESCRIPTION DRUGS							
Deductible	\$500 / \$1,000 (Tiers 3-5)	Combined with Medical		\$500 / \$1,000 (Tiers 3-5)	N/A		
Tiers 1-5 Copays	\$20 / \$30 / 25% after ded. / 50% after ded. / 50% after ded.	0% after ded. / 0% after ded. / 0% after ded. / 0% after ded. / 0% after ded.		\$20 / \$30 / 25% after ded. / 50% after ded. / 50% after ded.	\$20 / \$30 / 25% coins. / 50% coins. / 40% coins.		
Premium Summary							
ANDREA MOORE	\$984.00	\$897.00		\$952.00	\$1,146.00		
EDITH MORALES	\$656.00	\$598.00		\$633.00	\$764.00		
NICOLE HUBBLE	\$1,219.00	\$1,111.00		\$1,178.00	\$1,419.00		
HARMONY CHAVEZ	\$535.00	\$488.00		\$517.00	\$623.00		
SAMANTHA TERRANOVA	\$268.00	\$245.00		\$259.00	\$313.00		
MEGAN DAVIS	\$544.00	\$496.00		\$525.00	\$633.00		
O'RANE FORRESTER	\$322.00	\$293.00		\$311.00	\$374.00		
TYLER BRANTON	\$268.00	\$245.00		\$259.00	\$313.00		
Estimated Monthly Total	\$4,796.00	\$4,373.00		\$4,634.00	\$5,585.00		
Percentage Change From Current	28.83%	17.47%		24.48%	50.03%		

Health Plan of Nevada Association Health Plans

	OPTION HMO Balance 40/6000/20	OPTION HMO Balance 30/5000	OPTION HMO Balance 10/3300	OPTION HMO Balance 20/1750
Medical Benefits	In Network	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$6,000	\$5,000	\$3,300	\$1,750
Family Deductible	\$12,000	\$10,000	\$6,600	\$3,500
Individual Out-of-Pocket Maximum	\$8,150	\$8,150	\$7,300	\$7,000
Family Out-of-Pocket Maximum	\$16,300	\$16,300	\$14,600	\$14,000
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	\$40	\$30	\$10	\$20
Specialist	\$80	\$60	\$20	\$40
Telemedicine	\$0	\$0	\$0	\$0
Lab Services	\$10	\$10	\$10	\$10
X-ray Services	\$10	\$10	\$10	\$10
FACILITY FEES				
Urgent Care	\$50	\$35	\$35	\$35
Emergency Room	20% after ded	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.
Inpatient Hospital	20% after ded	\$2,000 after ded.	\$2,000 after ded. per day, not to exceed \$6,000 per admission	\$1,000 after ded. per day, not to exceed \$3,000 per admission
Surgery Center	20% after ded	\$100	\$100	\$100
Outpatient Hospital Surgery	20% after ded	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.
PRESCRIPTION DRUGS				
Deductible	N/A	N/A	N/A	N/A
Tiers 1-4 Copays	\$25 / \$50 / \$150 / \$500	\$25 / \$50 / \$75 / \$250	\$25 / \$50 / \$75 / \$250	\$25 / \$50 / \$75 / \$250
Premium Summary				
ANDREA MOORE	\$657.99	\$692.48	\$745.40	\$815.96
EDITH MORALES	\$531.45	\$559.31	\$602.05	\$659.04
NICOLE HUBBLE	\$733.92	\$772.38	\$831.42	\$910.12
HARMONY CHAVEZ	\$366.96	\$386.19	\$415.71	\$455.06
SAMANTHA TERRANOVA	\$202.46	\$213.07	\$229.35	\$251.06
MEGAN DAVIS	\$366.96	\$386.19	\$415.71	\$455.06
O'RANE FORRESTER	\$202.46	\$213.07	\$229.35	\$251.06
TYLER BRANTON	\$202.46	\$213.07	\$229.35	\$251.06
Estimated Monthly Total	\$3,264.66	\$3,435.76	\$3,698.34	\$4,048.42
Percentage Change From Current	-12.30%	-7.71%	-0.65%	8.75%

Health Plan of Nevada Association Health Plans

	OPTION HMO Plus 30/5000-4A	OPTION HMO Plus 20/2000-3D	OPTION HMO Plus 30/500-3D	OPTION HMO Plus 15
Medical Benefits	In Network	In Network	In Network	In Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS				
Individual Deductible	\$5,000	\$2,000	\$500	N/A
Family Deductible	\$10,000	\$4,000	\$1,000	N/A
Individual Out-of-Pocket Maximum	\$6,850	\$6,850	\$6,850	\$6,000
Family Out-of-Pocket Maximum	\$13,700	\$13,700	\$13,700	\$12,000
PHYSICIAN & DIAGNOSTIC SERVICES				
Primary Care Physician	\$30	\$20	\$30	\$15
Specialist	\$60	\$40	\$60	\$30
Telemedicine	\$0	\$0	\$0	\$0
Lab Services	\$10	\$10	\$10	\$10
X-ray Services	\$20	\$20	\$20	\$25
FACILITY FEES				
Urgent Care	\$35	\$35	\$35	\$20
Emergency Room	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.	\$200
Inpatient Hospital	\$2,000 after ded.	\$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
Surgery Center	\$100	\$100	\$100	\$100
Outpatient Hospital Surgery	\$1,000 after ded.	\$1,000 after ded.	\$1,000 after ded.	\$250
PRESCRIPTION DRUGS				
Deductible	N/A	N/A	N/A	N/A
Tiers 1-4 Copays	\$25 / \$50 / \$75 / \$250	\$25 / \$50 / \$75 / \$250	\$25 / \$50 / \$75 / \$250	\$15 / \$40 / \$60 / \$150
Premium Summary				
ANDREA MOORE	\$841.30	\$911.20	\$961.16	\$1,109.66
EDITH MORALES	\$679.51	\$735.97	\$776.32	\$896.26
NICOLE HUBBLE	\$938.38	\$1,016.34	\$1,072.08	\$1,237.70
HARMONY CHAVEZ	\$469.19	\$508.17	\$536.04	\$618.85
SAMANTHA TERRANOVA	\$258.86	\$280.37	\$295.74	\$341.43
MEGAN DAVIS	\$469.19	\$508.17	\$536.04	\$618.85
O'RANE FORRESTER	\$258.86	\$280.37	\$295.74	\$341.43
TYLER BRANTON	\$258.86	\$280.37	\$295.74	\$341.43
Estimated Monthly Total	\$4,174.15	\$4,520.96	\$4,768.86	\$5,505.61
Percentage Change From Current	12.13%	21.44%	28.10%	47.89%

Health Plan of Nevada Association Health Plans

	OPTION POS 30/1500/3000/50%			OPTION POS 15/1000/2500/30%			OPTION POS 15/0/1000/20%			OPTION HSA 1500/20%	
	HMO	PPO	Out of network	HMO	PPO	Out of network	HMO	PPO	Out of network	In Network	Out of Network
Medical Benefits											
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS											
Individual Deductible	\$1,500	\$3,000	\$6,000	\$1,000	\$2,500	\$5,000	N/A	\$1,000	\$2,000	\$1,500	\$3,000
Family Deductible	\$3,000	\$6,000	\$12,000	\$2,000	\$5,000	\$10,000	N/A	\$2,000	\$4,000	\$3,000	\$6,000
Individual Out-of-Pocket Maximum	\$8,550	Combined with Tier 1	\$15,000	\$6,850	Combined with Tier 1	\$15,000	\$4,000	\$6,250	\$12,500	\$3,000	\$6,000
Family Out-of-Pocket Maximum	\$17,100	Combined with Tier 1	\$30,000	\$13,700	Combined with Tier 1	\$30,000	\$8,000	\$12,500	\$25,000	\$6,000	\$12,000
PHYSICIAN & DIAGNOSTIC SERVICES											
Primary Care Physician	\$30	\$40	50% after ded.	\$15	\$30	50% after ded.	\$15	\$30	50% after ded.	20% after ded.	50% after ded.
Specialist	\$60	\$80	50% after ded.	\$30	\$60	50% after ded.	\$35	\$50	50% after ded.	20% after ded.	50% after ded.
Telemedicine	\$0	Not Covered	Not Covered	\$0	Not Covered	Not Covered	\$0	Not Covered	Not Covered	20% after ded.	50% after ded.
Lab Services	\$20	\$30	50% after ded.	\$10	\$25	50% after ded.	\$10	\$25	50% after ded.	20% after ded.	50% after ded.
X-ray Services	\$40	\$60	50% after ded.	\$20	\$50	50% after ded.	\$25	\$40	50% after ded.	20% after ded.	50% after ded.
FACILITY FEES											
Urgent Care	\$50	\$50	\$50	\$40	\$40	\$40	\$35	\$35	\$35	20% after ded.	50% after ded.
Emergency Room	\$1,500 after ded. \$1,500 after ded. per day, not to exceed	\$1,500 after ded.	\$1,500 after ded.	\$1,000 after ded. \$1,000 after ded. per day, not to exceed	\$1,000 after ded.	\$1,000 after ded.	\$250	\$250	\$250	20% after ded.	20% after ded.
Inpatient Hospital	\$4,500 per admission	50% after ded.	50% after ded.	\$3,000 per admission	30% after ded.	50% after ded.	\$500	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Surgery Center	\$100	50% after ded.	50% after ded.	\$100	30% after ded.	50% after ded.	\$100	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient Hospital Surgery	\$500	50% after ded.	50% after ded.	\$500	30% after ded.	50% after ded.	\$250	20% after ded.	50% after ded.	20% after ded.	50% after ded.
PRESCRIPTION DRUGS											
Deductible	N/A			N/A			N/A			Combined with Medical	
Tiers 1-4 Copays	\$25 / \$50 / \$75 / \$250			\$25 / \$50 / \$75 / \$250			\$15 / \$40 / \$60 / \$150			20% after ded. / 20% after ded. / 20% after ded. / 20% after ded.	
Premium Summary											
ANDREA MOORE	\$1,136.13			\$1,197.72			\$1,424.38			\$1,259.70	
EDITH MORALES	\$917.64			\$967.39			\$1,150.46			\$1,017.45	
NICOLE HUBBLE	\$1,267.22			\$1,335.92			\$1,588.74			\$1,405.06	
HARMONY CHAVEZ	\$633.61			\$667.96			\$794.37			\$702.53	
SAMANTHA TERRANOVA	\$349.58			\$368.53			\$438.27			\$387.60	
MEGAN DAVIS	\$633.61			\$667.96			\$794.37			\$702.53	
O'RANE FORRESTER	\$349.58			\$368.53			\$438.27			\$387.60	
TYLER BRANTON	\$349.58			\$368.53			\$438.27			\$387.60	
Estimated Monthly Total	\$5,636.95			\$5,942.54			\$7,067.13			\$6,250.07	
Percentage Change From Current	51.42%			59.63%			89.84%			67.89%	

Health Plan of Nevada Association Health Plans

	OPTION		OPTION		OPTION	
	HSA 3000/20%		PPO 35/1500/30%		PPO 20/500/20%	
Medical Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS						
Individual Deductible	\$3,000	\$6,000	\$1,500	\$3,000	\$500	\$1,000
Family Deductible	\$6,000	\$12,000	\$3,000	\$6,000	\$1,000	\$2,000
Individual Out-of-Pocket Maximum	\$6,000	\$12,000	\$5,000	\$10,000	\$3,500	\$7,500
Family Out-of-Pocket Maximum	\$12,000	\$24,000	\$10,000	\$20,000	\$7,000	\$15,000
PHYSICIAN & DIAGNOSTIC SERVICES						
Primary Care Physician	20% after ded.	50% after ded.	\$35	50% after ded.	\$20	50% after ded.
Specialist	20% after ded.	50% after ded.	\$55	50% after ded.	\$35	50% after ded.
Telemedicine	20% after ded.	50% after ded.	\$0	50% after ded.	\$0	50% after ded.
Lab Services	20% after ded.	50% after ded.	\$35	50% after ded.	\$10	50% after ded.
X-ray Services	20% after ded.	50% after ded.	\$35	50% after ded.	\$30	50% after ded.
FACILITY FEES						
Urgent Care	20% after ded.	50% after ded.	\$75	50% after ded.	\$20	50% after ded.
Emergency Room	20% after ded.	20% after ded.	\$250	\$250	\$150 + 20% coins.	\$150 + 20% coins.
Inpatient Hospital	20% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Surgery Center	20% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient Hospital Surgery	20% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
PRESCRIPTION DRUGS						
Deductible	Combined with Medical		N/A		N/A	
Tiers 1-4 Copays	20% after ded. / 20% after ded. / 20% after ded. / 20% after ded.		\$25 / \$50 / \$75 / \$250		\$15 / \$40 / \$60 / \$150	
Premium Summary						
ANDREA MOORE	\$1,099.16		\$1,396.92		\$1,571.24	
EDITH MORALES	\$887.78		\$1,128.28		\$1,269.08	
NICOLE HUBBLE	\$1,225.98		\$1,558.12		\$1,752.52	
HARMONY CHAVEZ	\$612.99		\$779.06		\$876.26	
SAMANTHA TERRANOVA	\$338.20		\$429.82		\$483.46	
MEGAN DAVIS	\$612.99		\$779.06		\$876.26	
O'RANE FORRESTER	\$338.20		\$429.82		\$483.46	
TYLER BRANTON	\$338.20		\$429.82		\$483.46	
Estimated Monthly Total	\$5,453.50		\$6,930.90		\$7,795.74	
Percentage Change From Current	46.49%		86.18%		109.41%	

TEACH Las Vegas				HPN AHP	Health Plan of Nevada (HMO)				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	HMO Solutions Bronze 25/6850/40%	HMO Balance Silver 45/7000/30%	HMO Solutions Silver 35/2500/30%	HMO Solutions Gold 30/500/30%	
MOORE	ANDREA	50	ECH	\$678.07	\$412.57	\$439.00	\$555.16	\$640.30	
MOORE	BENJAMIN	20	Dependent		\$224.07	\$238.43	\$301.51	\$347.75	
MOORE	RYAN	18	Dependent		\$210.90	\$224.42	\$283.80	\$327.32	
MORALES	EDITH	45	ECH	\$515.92	\$333.56	\$354.94	\$448.85	\$517.69	
MORALES	JIMMY	22	Dependent		\$231.00	\$245.80	\$310.84	\$358.51	
HUBBLE	NICOLE	43	FAM	\$854.96	\$313.47	\$333.55	\$421.81	\$486.50	
HUBBLE	JEREMY	43	Spouse		\$313.47	\$333.55	\$421.81	\$486.50	
HUBBLE	TYLER	19	Dependent		\$217.37	\$231.30	\$292.50	\$337.36	
HUBBLE	AUSTIN	17	Dependent		\$204.44	\$217.53	\$275.09	\$317.28	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$284.13	\$302.33	\$382.33	\$440.97	
CHAVEZ	MALAKAI	2	Dependent		\$176.72	\$188.04	\$237.79	\$274.26	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$231.00	\$245.80	\$310.84	\$358.51	
DAVIS	MEGAN	39	ECH	\$427.48	\$291.52	\$310.20	\$392.28	\$452.44	
DAVIS	PRESLIE	11	Dependent		\$176.72	\$188.04	\$237.79	\$274.26	
FORRESTER	O'RANE	33	EE	\$235.85	\$276.74	\$294.47	\$372.39	\$429.49	
BRANTON	TYLER	23	EE	\$347.10	\$231.00	\$245.80	\$310.84	\$358.51	
Monthly Total				\$3,722.71	\$4,128.68	\$4,393.20	\$5,555.63	\$6,407.65	
Percentage Change From Current				0.00%	10.91%	18.01%	49.24%	72.12%	

TEACH Las Vegas				HPN AHP	Health Plan of Nevada (POS)				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	POS Solutions Gold 15/0/2000/20%	POS Solutions Gold 25/0/1500/20%	POS Solutions Gold 15/0/1000/20%	POS Solutions Gold 25/0/500/20%	
MOORE	ANDREA	50	ECH	\$678.07	\$681.11	\$669.41	\$685.81	\$673.95	
MOORE	BENJAMIN	20	Dependent		\$369.92	\$363.57	\$372.47	\$366.03	
MOORE	RYAN	18	Dependent		\$348.18	\$342.20	\$350.58	\$344.52	
MORALES	EDITH	45	ECH	\$515.92	\$550.68	\$541.23	\$554.48	\$544.89	
MORALES	JIMMY	22	Dependent		\$381.36	\$374.81	\$383.99	\$377.35	
HUBBLE	NICOLE	43	FAM	\$854.96	\$517.51	\$508.62	\$521.07	\$512.06	
HUBBLE	JEREMY	43	Spouse		\$517.51	\$508.62	\$521.07	\$512.06	
HUBBLE	TYLER	19	Dependent		\$358.86	\$352.70	\$361.33	\$355.09	
HUBBLE	AUSTIN	17	Dependent		\$337.50	\$331.71	\$339.83	\$333.95	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$469.07	\$461.02	\$472.31	\$464.14	
CHAVEZ	MALAKAI	2	Dependent		\$291.74	\$286.73	\$293.75	\$288.67	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$381.36	\$374.81	\$383.99	\$377.35	
DAVIS	MEGAN	39	ECH	\$427.48	\$481.28	\$473.01	\$484.60	\$476.22	
DAVIS	PRESLIE	11	Dependent		\$291.74	\$286.73	\$293.75	\$288.67	
FORRESTER	O'RANE	33	EE	\$235.85	\$456.87	\$449.02	\$460.02	\$452.07	
BRANTON	TYLER	23	EE	\$347.10	\$381.36	\$374.81	\$383.99	\$377.35	
Monthly Total				\$3,722.71	\$6,816.05	\$6,699.00	\$6,863.04	\$6,744.37	
Percentage Change From Current				0.00%	83.09%	79.95%	84.36%	81.17%	

TEACH Las Vegas				HPN AHP	Sierra Health & Life (PPO)				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	PPO Solutions HSA Bronze 6850/0%	PPO Solutions Silver 30/2450/0%	PPO Solutions Silver 25/1700/20%	PPO Solutions Gold 25/500/20%	
MOORE	ANDREA	50	ECH	\$678.07	\$415.58	\$602.78	\$650.60	\$708.33	
MOORE	BENJAMIN	20	Dependent		\$225.71	\$327.38	\$353.35	\$384.70	
MOORE	RYAN	18	Dependent		\$212.45	\$308.14	\$332.59	\$362.10	
MORALES	EDITH	45	ECH	\$515.92	\$336.00	\$487.35	\$526.02	\$572.69	
MORALES	JIMMY	22	Dependent		\$232.69	\$337.50	\$364.28	\$396.60	
HUBBLE	NICOLE	43	FAM	\$854.96	\$315.76	\$457.99	\$494.33	\$538.19	
HUBBLE	JEREMY	43	Spouse		\$315.76	\$457.99	\$494.33	\$538.19	
HUBBLE	TYLER	19	Dependent		\$218.96	\$317.59	\$342.79	\$373.20	
HUBBLE	AUSTIN	17	Dependent		\$205.93	\$298.69	\$322.39	\$350.99	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$286.21	\$415.12	\$448.06	\$487.82	
CHAVEZ	MALAKAI	2	Dependent		\$178.01	\$258.19	\$278.67	\$303.40	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$232.69	\$337.50	\$364.28	\$396.60	
DAVIS	MEGAN	39	ECH	\$427.48	\$293.65	\$425.92	\$459.72	\$500.51	
DAVIS	PRESLIE	11	Dependent		\$178.01	\$258.19	\$278.67	\$303.40	
FORRESTER	O'RANE	33	EE	\$235.85	\$278.76	\$404.32	\$436.41	\$475.13	
BRANTON	TYLER	23	EE	\$347.10	\$232.69	\$337.50	\$364.28	\$396.60	
Monthly Total				\$3,722.71	\$4,158.86	\$6,032.15	\$6,510.77	\$7,088.45	
Percentage Change From Current				0.00%	11.72%	62.04%	74.89%	90.41%	

TEACH Las Vegas				HPN AHP	United Health Care				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	CPJC Motion HSA 0%/6850/0%	CPJT Choice Plus Direct 35/5000/30%	CPJR Choice Plus Direct 40/3500/30%	CPJS Choice Plus Direct 30/1000/20%	
MOORE	ANDREA	50	ECH	\$678.07	\$539.84	\$578.95	\$585.75	\$692.02	
MOORE	BENJAMIN	20	Dependent		\$293.19	\$314.44	\$318.13	\$375.85	
MOORE	RYAN	18	Dependent		\$275.96	\$295.96	\$299.44	\$353.76	
MORALES	EDITH	45	ECH	\$515.92	\$436.46	\$468.09	\$473.59	\$559.51	
MORALES	JIMMY	22	Dependent		\$302.26	\$324.16	\$327.97	\$387.47	
HUBBLE	NICOLE	43	FAM	\$854.96	\$410.17	\$439.89	\$445.06	\$525.80	
HUBBLE	JEREMY	43	Spouse		\$410.17	\$439.89	\$445.06	\$525.80	
HUBBLE	TYLER	19	Dependent		\$284.43	\$305.03	\$308.62	\$364.61	
HUBBLE	AUSTIN	17	Dependent		\$267.50	\$286.88	\$290.25	\$342.91	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$371.78	\$398.72	\$403.40	\$476.59	
CHAVEZ	MALAKAI	2	Dependent		\$231.23	\$247.98	\$250.90	\$296.41	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$302.26	\$324.16	\$327.97	\$387.47	
DAVIS	MEGAN	39	ECH	\$427.48	\$381.45	\$409.09	\$413.90	\$488.99	
DAVIS	PRESLIE	11	Dependent		\$231.23	\$247.98	\$250.90	\$296.41	
FORRESTER	O'RANE	33	EE	\$235.85	\$362.11	\$388.34	\$392.91	\$464.19	
BRANTON	TYLER	23	EE	\$347.10	\$302.26	\$324.16	\$327.97	\$387.47	
Monthly Total				\$3,722.71	\$5,402.30	\$5,793.72	\$5,861.82	\$6,925.26	
Percentage Change From Current				0.00%	45.12%	55.63%	57.46%	86.03%	

TEACH Las Vegas				HPN AHP	Friday Health Plans				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	Bronze HSA	Silver Copay	Gold Copay	Platinum	
MOORE	ANDREA	50	ECH	\$678.07	\$403.22	\$476.01	\$584.35	\$708.66	
MOORE	BENJAMIN	20	Dependent		\$218.99	\$258.53	\$317.37	\$384.88	
MOORE	RYAN	18	Dependent		\$206.12	\$243.33	\$298.72	\$362.26	
MORALES	EDITH	45	ECH	\$515.92	\$326.00	\$384.86	\$472.46	\$572.96	
MORALES	JIMMY	22	Dependent		\$225.76	\$266.52	\$327.19	\$396.78	
HUBBLE	NICOLE	43	FAM	\$854.96	\$306.36	\$361.67	\$443.99	\$538.44	
HUBBLE	JEREMY	43	Spouse		\$306.36	\$361.67	\$443.99	\$538.44	
HUBBLE	TYLER	19	Dependent		\$212.44	\$250.80	\$307.88	\$373.37	
HUBBLE	AUSTIN	17	Dependent		\$199.80	\$235.87	\$289.56	\$351.15	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$277.69	\$327.82	\$402.44	\$488.04	
CHAVEZ	MALAKAI	2	Dependent		\$172.71	\$203.89	\$250.30	\$303.54	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$225.76	\$266.52	\$327.19	\$396.78	
DAVIS	MEGAN	39	ECH	\$427.48	\$284.91	\$336.35	\$412.91	\$500.74	
DAVIS	PRESLIE	11	Dependent		\$172.71	\$203.89	\$250.30	\$303.54	
FORRESTER	O'RANE	33	EE	\$235.85	\$270.47	\$319.29	\$391.97	\$475.35	
BRANTON	TYLER	23	EE	\$347.10	\$225.76	\$266.52	\$327.19	\$396.78	
Monthly Total				\$3,722.71	\$4,035.06	\$4,763.54	\$5,847.81	\$7,091.71	
Percentage Change From Current				0.00%	8.39%	27.96%	57.08%	90.50%	

TEACH Las Vegas				HPN AHP	Anthem				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	Anthem Bronze Guided Access HMO 7500/40%/8550 6BBK	Anthem Link Silver Guided Access HMO 5000/8700 6BCU	Anthem Silver Guided Access HMO 4000/50%/8250 WH 6BCP	Anthem Gold Guided Access HMO 500/20%/7500 6BCF	
MOORE	ANDREA	50	ECH	\$678.07	\$442.77	\$451.61	\$485.13	\$556.75	
MOORE	BENJAMIN	20	Dependent		\$240.47	\$245.27	\$263.48	\$302.38	
MOORE	RYAN	18	Dependent		\$226.34	\$230.86	\$248.00	\$284.61	
MORALES	EDITH	45	ECH	\$515.92	\$357.98	\$365.13	\$392.23	\$450.14	
MORALES	JIMMY	22	Dependent		\$247.91	\$252.86	\$271.63	\$311.73	
HUBBLE	NICOLE	43	FAM	\$854.96	\$336.41	\$343.13	\$368.60	\$423.02	
HUBBLE	JEREMY	43	Spouse		\$336.41	\$343.13	\$368.60	\$423.02	
HUBBLE	TYLER	19	Dependent		\$233.28	\$237.94	\$255.60	\$293.34	
HUBBLE	AUSTIN	17	Dependent		\$219.40	\$223.78	\$240.39	\$275.88	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$304.93	\$311.02	\$334.10	\$383.43	
CHAVEZ	MALAKAI	2	Dependent		\$189.65	\$193.44	\$207.80	\$238.47	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$247.91	\$252.86	\$271.63	\$311.73	
DAVIS	MEGAN	39	ECH	\$427.48	\$312.86	\$319.11	\$342.80	\$393.40	
DAVIS	PRESLIE	11	Dependent		\$189.65	\$193.44	\$207.80	\$238.47	
FORRESTER	O'RANE	33	EE	\$235.85	\$297.00	\$302.93	\$325.41	\$373.45	
BRANTON	TYLER	23	EE	\$347.10	\$247.91	\$252.86	\$271.63	\$311.73	
Monthly Total				\$3,722.71	\$4,430.88	\$4,519.37	\$4,854.83	\$5,571.55	
Percentage Change From Current				0.00%	19.02%	21.40%	30.41%	49.66%	

TEACH Las Vegas				HPN AHP	Anthem		
				CURRENT	OPTION	OPTION	OPTION
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022
Last Name	First Name	Age	Status	HPN AHP Plans	Anthem Bronze Choice PPO 6000/25%/7000 w/HSA 6BC1	Anthem Silver Choice PPO 5000/30%/8500 6BCL	Anthem Silver Choice PPO 3000/30%/8700 6BC5
MOORE	ANDREA	50	ECH	\$678.07	\$550.41	\$614.85	\$616.35
MOORE	BENJAMIN	20	Dependent		\$298.93	\$333.93	\$334.75
MOORE	RYAN	18	Dependent		\$281.37	\$314.31	\$315.08
MORALES	EDITH	45	ECH	\$515.92	\$445.01	\$497.11	\$498.32
MORALES	JIMMY	22	Dependent		\$308.18	\$344.26	\$345.10
HUBBLE	NICOLE	43	FAM	\$854.96	\$418.20	\$467.16	\$468.30
HUBBLE	JEREMY	43	Spouse		\$418.20	\$467.16	\$468.30
HUBBLE	TYLER	19	Dependent		\$290.00	\$323.95	\$324.74
HUBBLE	AUSTIN	17	Dependent		\$272.74	\$304.67	\$305.41
CHAVEZ	HARMONY	36	ECH	\$427.48	\$379.06	\$423.44	\$424.47
CHAVEZ	MALAKAI	2	Dependent		\$235.76	\$263.36	\$264.00
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$308.18	\$344.26	\$345.10
DAVIS	MEGAN	39	ECH	\$427.48	\$388.92	\$434.46	\$435.52
DAVIS	PRESLIE	11	Dependent		\$235.76	\$263.36	\$264.00
FORRESTER	O'RANE	33	EE	\$235.85	\$369.20	\$412.42	\$413.43
BRANTON	TYLER	23	EE	\$347.10	\$308.18	\$344.26	\$345.10
Monthly Total				\$3,722.71	\$5,508.10	\$6,152.96	\$6,167.97
Percentage Change From Current				0.00%	47.96%	65.28%	65.68%

TEACH Las Vegas				HPN AHP	Prominence				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
Current				ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	HMO Value Based Gold 0/2500/20%	PPO Bronze 0%/8700/0%	PPO Silver 0/6000/30%	PPO Gold 0/1500/20%	
MOORE	ANDREA	50	ECH	\$678.07	\$485.86	\$452.76	\$489.53	\$568.35	
MOORE	BENJAMIN	20	Dependent		\$263.88	\$245.90	\$265.87	\$308.68	
MOORE	RYAN	18	Dependent		\$248.37	\$231.45	\$250.25	\$290.54	
MORALES	EDITH	45	ECH	\$515.92	\$392.82	\$366.06	\$395.79	\$459.52	
MORALES	JIMMY	22	Dependent		\$272.04	\$253.50	\$274.09	\$318.23	
HUBBLE	NICOLE	43	FAM	\$854.96	\$369.16	\$344.00	\$371.95	\$431.83	
HUBBLE	JEREMY	43	Spouse		\$369.16	\$344.00	\$371.95	\$431.83	
HUBBLE	TYLER	19	Dependent		\$255.99	\$238.55	\$257.92	\$299.45	
HUBBLE	AUSTIN	17	Dependent		\$240.75	\$224.35	\$242.57	\$281.63	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$334.61	\$311.81	\$337.14	\$391.42	
CHAVEZ	MALAKAI	2	Dependent		\$208.11	\$193.93	\$209.68	\$243.44	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$272.04	\$253.50	\$274.09	\$318.23	
DAVIS	MEGAN	39	ECH	\$427.48	\$343.31	\$319.92	\$345.91	\$401.60	
DAVIS	PRESLIE	11	Dependent		\$208.11	\$193.93	\$209.68	\$243.44	
FORRESTER	O'RANE	33	EE	\$235.85	\$325.90	\$303.70	\$328.37	\$381.24	
BRANTON	TYLER	23	EE	\$347.10	\$272.04	\$253.50	\$274.09	\$318.23	
Monthly Total				\$3,722.71	\$4,862.15	\$4,530.86	\$4,898.88	\$5,687.66	
Percentage Change From Current				0.00%	30.61%	21.71%	31.59%	52.78%	

TEACH Las Vegas				HPN AHP	Select Health				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	HMO Silver - 3000/6000	PPO Silver 4500/9000 HSA	PPO Silver - 3000/6000	PPO Gold- 500/1500	
MOORE	ANDREA	50	ECH	\$678.07	\$479.00	\$437.00	\$463.00	\$558.00	
MOORE	BENJAMIN	20	Dependent		\$260.00	\$237.00	\$252.00	\$303.00	
MOORE	RYAN	18	Dependent		\$245.00	\$223.00	\$237.00	\$285.00	
MORALES	EDITH	45	ECH	\$515.92	\$388.00	\$353.00	\$374.00	\$451.00	
MORALES	JIMMY	22	Dependent		\$268.00	\$245.00	\$259.00	\$313.00	
HUBBLE	NICOLE	43	FAM	\$854.96	\$364.00	\$332.00	\$352.00	\$424.00	
HUBBLE	JEREMY	43	Spouse		\$364.00	\$332.00	\$352.00	\$424.00	
HUBBLE	TYLER	19	Dependent		\$253.00	\$230.00	\$244.00	\$294.00	
HUBBLE	AUSTIN	17	Dependent		\$238.00	\$217.00	\$230.00	\$277.00	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$330.00	\$301.00	\$319.00	\$384.00	
CHAVEZ	MALAKAI	2	Dependent		\$205.00	\$187.00	\$198.00	\$239.00	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$268.00	\$245.00	\$259.00	\$313.00	
DAVIS	MEGAN	39	ECH	\$427.48	\$339.00	\$309.00	\$327.00	\$394.00	
DAVIS	PRESLIE	11	Dependent		\$205.00	\$187.00	\$198.00	\$239.00	
FORRESTER	O'RANE	33	EE	\$235.85	\$322.00	\$293.00	\$311.00	\$374.00	
BRANTON	TYLER	23	EE	\$347.10	\$268.00	\$245.00	\$259.00	\$313.00	
Monthly Total				\$3,722.71	\$4,796.00	\$4,373.00	\$4,634.00	\$5,585.00	
Percentage Change From Current				0.00%	28.83%	17.47%	24.48%	50.03%	

TEACH Las Vegas				HPN AHP	HPN/SHL AHP				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	HMO Balance 40/6000/20	HMO Balance 30/5000	HMO Balance 10/3300	HMO Balance 20/1750	
MOORE	ANDREA	50	ECH	\$678.07	\$328.99	\$346.24	\$372.70	\$407.98	
MOORE	BENJAMIN	20	Dependent		\$202.46	\$213.07	\$229.35	\$251.06	
MOORE	RYAN	18	Dependent		\$126.54	\$133.17	\$143.35	\$156.92	
MORALES	EDITH	45	ECH	\$515.92	\$328.99	\$346.24	\$372.70	\$407.98	
MORALES	JIMMY	22	Dependent		\$202.46	\$213.07	\$229.35	\$251.06	
HUBBLE	NICOLE	43	FAM	\$854.96	\$240.42	\$253.02	\$272.36	\$298.14	
HUBBLE	JEREMY	43	Spouse		\$240.42	\$253.02	\$272.36	\$298.14	
HUBBLE	TYLER	19	Dependent		\$126.54	\$133.17	\$143.35	\$156.92	
HUBBLE	AUSTIN	17	Dependent		\$126.54	\$133.17	\$143.35	\$156.92	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$240.42	\$253.02	\$272.36	\$298.14	
CHAVEZ	MALAKAI	2	Dependent		\$126.54	\$133.17	\$143.35	\$156.92	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$202.46	\$213.07	\$229.35	\$251.06	
DAVIS	MEGAN	39	ECH	\$427.48	\$240.42	\$253.02	\$272.36	\$298.14	
DAVIS	PRESLIE	11	Dependent		\$126.54	\$133.17	\$143.35	\$156.92	
FORRESTER	O'RANE	33	EE	\$235.85	\$202.46	\$213.07	\$229.35	\$251.06	
BRANTON	TYLER	23	EE	\$347.10	\$202.46	\$213.07	\$229.35	\$251.06	
Monthly Total				\$3,722.71	\$3,264.66	\$3,435.76	\$3,698.34	\$4,048.42	
Percentage Change From Current				0.00%	-12.30%	-7.71%	-0.65%	8.75%	

TEACH Las Vegas				HPN AHP	HPN/SHL AHP				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	HMO Plus 30/5000-4A	HMO Plus 20/2000-3D	HMO Plus 30/500-3D	HMO Plus 15	
MOORE	ANDREA	50	ECH	\$678.07	\$420.65	\$455.60	\$480.58	\$554.83	
MOORE	BENJAMIN	20	Dependent		\$258.86	\$280.37	\$295.74	\$341.43	
MOORE	RYAN	18	Dependent		\$161.79	\$175.23	\$184.84	\$213.40	
MORALES	EDITH	45	ECH	\$515.92	\$420.65	\$455.60	\$480.58	\$554.83	
MORALES	JIMMY	22	Dependent		\$258.86	\$280.37	\$295.74	\$341.43	
HUBBLE	NICOLE	43	FAM	\$854.96	\$307.40	\$332.94	\$351.20	\$405.45	
HUBBLE	JEREMY	43	Spouse		\$307.40	\$332.94	\$351.20	\$405.45	
HUBBLE	TYLER	19	Dependent		\$161.79	\$175.23	\$184.84	\$213.40	
HUBBLE	AUSTIN	17	Dependent		\$161.79	\$175.23	\$184.84	\$213.40	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$307.40	\$332.94	\$351.20	\$405.45	
CHAVEZ	MALAKAI	2	Dependent		\$161.79	\$175.23	\$184.84	\$213.40	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$258.86	\$280.37	\$295.74	\$341.43	
DAVIS	MEGAN	39	ECH	\$427.48	\$307.40	\$332.94	\$351.20	\$405.45	
DAVIS	PRESLIE	11	Dependent		\$161.79	\$175.23	\$184.84	\$213.40	
FORRESTER	O'RANE	33	EE	\$235.85	\$258.86	\$280.37	\$295.74	\$341.43	
BRANTON	TYLER	23	EE	\$347.10	\$258.86	\$280.37	\$295.74	\$341.43	
Monthly Total				\$3,722.71	\$4,174.15	\$4,520.96	\$4,768.86	\$5,505.61	
Percentage Change From Current				0.00%	12.13%	21.44%	28.10%	47.89%	

TEACH Las Vegas				HPN AHP	HPN/SHL AHP				
				CURRENT	OPTION	OPTION	OPTION	OPTION	
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	
Last Name	First Name	Age	Status	HPN AHP Plans	POS 30/1500/3000/50%	POS 15/1000/2500/30%	POS 15/0/1000/20%	HSA 1500/20%	
MOORE	ANDREA	50	ECH	\$678.07	\$568.06	\$598.86	\$712.19	\$629.85	
MOORE	BENJAMIN	20	Dependent		\$349.58	\$368.53	\$438.27	\$387.60	
MOORE	RYAN	18	Dependent		\$218.49	\$230.33	\$273.92	\$242.25	
MORALES	EDITH	45	ECH	\$515.92	\$568.06	\$598.86	\$712.19	\$629.85	
MORALES	JIMMY	22	Dependent		\$349.58	\$368.53	\$438.27	\$387.60	
HUBBLE	NICOLE	43	FAM	\$854.96	\$415.12	\$437.63	\$520.45	\$460.28	
HUBBLE	JEREMY	43	Spouse		\$415.12	\$437.63	\$520.45	\$460.28	
HUBBLE	TYLER	19	Dependent		\$218.49	\$230.33	\$273.92	\$242.25	
HUBBLE	AUSTIN	17	Dependent		\$218.49	\$230.33	\$273.92	\$242.25	
CHAVEZ	HARMONY	36	ECH	\$427.48	\$415.12	\$437.63	\$520.45	\$460.28	
CHAVEZ	MALAKAI	2	Dependent		\$218.49	\$230.33	\$273.92	\$242.25	
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$349.58	\$368.53	\$438.27	\$387.60	
DAVIS	MEGAN	39	ECH	\$427.48	\$415.12	\$437.63	\$520.45	\$460.28	
DAVIS	PRESLIE	11	Dependent		\$218.49	\$230.33	\$273.92	\$242.25	
FORRESTER	O'RANE	33	EE	\$235.85	\$349.58	\$368.53	\$438.27	\$387.60	
BRANTON	TYLER	23	EE	\$347.10	\$349.58	\$368.53	\$438.27	\$387.60	
Monthly Total				\$3,722.71	\$5,636.95	\$5,942.54	\$7,067.13	\$6,250.07	
Percentage Change From Current				0.00%	51.42%	59.63%	89.84%	67.89%	

TEACH Las Vegas				HPN AHP	HPN/SHL AHP		
				CURRENT	OPTION	OPTION	OPTION
				Current	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022	ACA Compliant Group Plan 2022
Last Name	First Name	Age	Status	HPN AHP Plans	HSA 3000/20%	PPO 35/1500/30%	PPO 20/500/20%
MOORE	ANDREA	50	ECH	\$678.07	\$549.58	\$698.46	\$785.62
MOORE	BENJAMIN	20	Dependent		\$338.20	\$429.82	\$483.46
MOORE	RYAN	18	Dependent		\$211.38	\$268.64	\$302.16
MORALES	EDITH	45	ECH	\$515.92	\$549.58	\$698.46	\$785.62
MORALES	JIMMY	22	Dependent		\$338.20	\$429.82	\$483.46
HUBBLE	NICOLE	43	FAM	\$854.96	\$401.61	\$510.42	\$574.10
HUBBLE	JEREMY	43	Spouse		\$401.61	\$510.42	\$574.10
HUBBLE	TYLER	19	Dependent		\$211.38	\$268.64	\$302.16
HUBBLE	AUSTIN	17	Dependent		\$211.38	\$268.64	\$302.16
CHAVEZ	HARMONY	36	ECH	\$427.48	\$401.61	\$510.42	\$574.10
CHAVEZ	MALAKAI	2	Dependent		\$211.38	\$268.64	\$302.16
TERRANOVA	SAMANTHA	22	EE	\$235.85	\$338.20	\$429.82	\$483.46
DAVIS	MEGAN	39	ECH	\$427.48	\$401.61	\$510.42	\$574.10
DAVIS	PRESLIE	11	Dependent		\$211.38	\$268.64	\$302.16
FORRESTER	O'RANE	33	EE	\$235.85	\$338.20	\$429.82	\$483.46
BRANTON	TYLER	23	EE	\$347.10	\$338.20	\$429.82	\$483.46
Monthly Total				\$3,722.71	\$5,453.50	\$6,930.90	\$7,795.74
Percentage Change From Current				0.00%	46.49%	86.18%	109.41%

A N C I L L A R Y

- Renaissance dental/vision/basic life set to renew 10/1 with OE in September
- We can renew 7/1 (sync everything) and extend through next July, but there is a minor dental increase to do so
- I would recommend the slight increase in order to eliminate another OE this year

April 28, 2022

TEACH Las Vegas
 Andrea Moore
 4660 N Rancho Drive
 Las Vegas, NV, 89130

Dear Andrea,

Renaissance uses an “evergreen” contract for your dental and vision benefits program, which means you don’t sign a new contract for each renewal. Instead, we send only your guaranteed rate. Payment of this new rate will be your consent to renew Renaissance dental coverage for the time period on which the rate is based.

This procedure saves you time, reduces your paperwork and ensures continued eligibility for your group members. With that in mind, we’ve recently completed a review of your benefits and are offering the following dental rates for the renewal period of: July 1, 2022 through June 30, 2023.

	Dental Rates	
	Current	Renewal
Employee Only	\$26.81	\$28.95
Employee + Spouse	\$53.62	\$57.91
Employee + Child(ren)	\$59.20	\$63.94
Employee + Family	\$99.20	\$107.14

The above rates and current benefits are guaranteed for a period of 12 months from their effective date for the contract issued by Renaissance.



Your Most *Valuable Asset*:
Employees with Good Health!

Combining quality dental, vision, life and disability products gives your employees peace-of-mind coverage while helping them live a healthy lifestyle.



Dentists are disease detectives and can detect over 120 signs and symptoms of non-dental disease through a routine examinations.¹



Vision providers can be the first to detect signs of serious and costly chronic conditions.²



Life and disability plan options give employees and their families the coverage they need when the unexpected happens.

To Learn More About Protecting Your Employees Contact Your Local Renaissance Sales Representative.

V A L U E A D D E D S E R V I C E S

Client Services



Strategic Planning and Employee Benefits Consulting	✓
Quoting and Rate Navigation	✓
Dedicated Support Team	✓
Claims Support and Health Advocacy	✓
Billing Reconciliation and Consolidation	✓
Onsite Open Enrollment and Renewal Meetings	✓
FSA, HRA, and HSA Plans	✓
Section 125 Premium Only Plans	✓
Wellness Program Management	✓
COBRA Administration	✓
Affordable Care Act Compliance	✓
ERISA Compliance / Required Annual Benefit Notices	✓
5500 Preparation and Filing	✓
HR Support Hotline (extra fee may apply)	✓
Online Benefits Administration / Paperless Enrollment	✓
Employee Onboarding & Time Off Tracking	✓
Employer & Employee Self-Service Portals	✓
Employment Practices Liability Coverage	✓
Business Insurance Services (Workers Compensation, General Liability, etc.)	✓
Personal Insurance Services (Home, Auto, Life, Health)	✓

Distinctive Insurance, an Alera Group Agency
Employee Benefit Placement
Compensation Disclosure Statement

Name of Plan Administrator: TEACH Las Vegas

Coverage placement date(s): 7/1/2022

Description of general services that may be provided to client:

Selection of Insurance Products	Wellness Program
Benefit Administration	Transparency Tools & Vendors
Compliance Services	Stop-Loss Insurance
Pharmacy Benefit Management	Employee Assistance Program
Disease Management Vendors and Products	

This Compensation Disclosure Statement is being provided to you in accordance with applicable federal insurance regulation. By signing below, you acknowledge that you have received a copy of this Compensation Disclosure and have read and understand the information contained herein. If this Disclosure is not returned by you within 10 business days of your receipt, it will be deemed to have been accepted by you.

PEPM Fees or Retail Commissions:

In general, our agency is compensated for your insurance placements through either a per-employee per-month fee (“PEPM”) or retail commission paid by your insurance carriers or other vendors. Below is information of the PEPM and/or commissions we receive for your placements by line of coverage:

Line of Coverage	PEPM or Commission Rate
Medical	PEPM/retail: \$10.00 - \$36.00 PEPM or 5% - 10%
Dental	PEPM/retail: 5% - 10%
Vision	PEPM/retail: 5% - 10%
Short-term disability	PEPM/retail: 10% - 15%
Long-term disability	PEPM/retail: 10% - 15%
Group life insurance	PEPM/retail: 10% - 15%
Individual life insurance	PEPM/retail: 10% - 15%
Accident and travel	PEPM/retail: 2.5%
Critical illness	PEPM/retail : 15% - 25%
Accidental death and dismemberment	PEPM/retail: 10% - 15%
Pet insurance	PEPM/retail:
Stop-loss insurance	PEPM/retail: 10%

Distinctive Insurance, an Alera Group Agency
Employee Benefit Placement
Compensation Disclosure Statement

Other Compensation :

In addition to the foregoing, we may receive contingent/profit sharing commissions or other similar compensation from insurers and third parties. With respect to contingent/profit sharing commissions, these amounts are not reasonably calculable at this point in time, as they depend on a variety of factors, including, but not limited to, the volume, profitability, retention and/or growth thresholds of our overall business. Please feel free to contact us if you have any questions relating to this component of our compensation. We may also receive third-party sponsorship in our training and marketing programs, along with sales incentive trips, gifts, and entertainment.

Note that insurance carriers and vendors may provide you with credits or other incentives for implementing new products and services. Those amounts are not included in this disclosure form. If you have questions regarding those amounts, please feel free to contact us.

Services to Be Provided :

The following is a description of the services that may be provided in consideration of the compensation described herein:

Please refer to the Client Services page of this proposal for a list of services we provide to our clients.

Finder's Fees Payable for Your Placement Work :

- We have not paid or received any finder's fee or referral fee for the services we are providing hereunder.
- Distinctive Insurance has been paid a referral fee in the amount of \$ _____
- Distinctive Insurance has been paid a referral fee equal to ____ % of the compensation received hereunder for the _____ lines of business hereunder.

Please feel free to contact us if you have any questions relating to the compensation, we receive for the services will provide to you. Please confirm receipt of this disclosure by signing below.

Client Contact Signature: _____

Client Contact Name: _____

Client Contact Title: _____