

P R O P O S A L



P R E P A R E D F O R

TEACH LV



C O N T A C T

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M E D I C A L

| HPN/SHL AHP | | |
|-------------------------------------|---|---|
| HPN/SHL AHP | HPN/SHL AHP | HPN/SHL AHP |
| | Current | Renewal |
| | HMO Balance 10/3300 -HCC | HMO Balance 10/3300 -HCC |
| Medical Benefits | In Network | In Network |
| DEDUCTIBLE & OUT-OF-POCKET MAXIMUMS | | |
| Individual Deductible | \$3,300 | \$3,300 |
| Family Deductible | \$6,600 | \$6,600 |
| Individual Out-of-Pocket Maximum | \$7,300 | \$7,300 |
| Family Out-of-Pocket Maximum | \$14,600 | \$14,600 |
| PHYSICIAN & DIAGNOSTIC SERVICES | | |
| Primary Care Physician | \$10 | \$10 |
| Specialist | \$20 | \$20 |
| Telemedicine | \$0 | \$0 |
| Lab Services | \$10 | \$10 |
| X-ray Services | \$10 | \$10 |
| FACILITY FEES | | |
| Urgent Care | \$35 | \$35 |
| Emergency Room | \$1,000 after ded. | \$1,000 after ded. |
| Inpatient Hospital | \$2,000 after ded. per day, not to exceed \$6,000 per admission | \$2,000 after ded. per day, not to exceed \$6,000 per admission |
| Surgery Center | \$100 | \$100 |
| Outpatient Hospital Surgery | \$1,000 after ded. | \$1,000 after ded. |
| PRESCRIPTION DRUGS | | |
| Deductible | N/A | N/A |
| Tiers 1-4 Copays | \$25 / \$50 / \$75 / \$250 | \$25 / \$50 / \$75 / \$250 |
| Premium Summary | | |
| | \$372.70 | \$342.88 |
| | \$229.35 | \$250.56 |
| | \$745.40 | \$764.88 |
| | \$272.36 | \$250.56 |
| | \$229.35 | \$211.00 |
| | \$229.35 | \$211.00 |
| | \$143.35 | \$131.88 |
| | \$272.36 | \$250.56 |
| Estimated Monthly Total | \$2,494.22 | \$2,413.32 |
| Percentage Change From Current | N/A | -3.24% |

| TEACH LV | |
|--|------------|
| Market Study - Alternate Medical Plans | |
| Effective Date: | 6/1/2024 |
| Current Monthly Premium | \$2,494.22 |

| Health Plan of Nevada (HMO) | HMO Solutions Silver 40/6000/0% | HMO Solutions Silver 10/3000/30% | HMO Solutions Gold 25/1000/30% |
|-----------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| 7 EE Only | \$364.03 | \$429.19 | \$523.01 |
| 0 EE + Spouse | \$728.07 | \$858.37 | \$1,046.02 |
| 1 EE + Child(ren) | \$691.66 | \$815.45 | \$993.72 |
| 0 Family | \$1,164.91 | \$1,373.39 | \$1,673.64 |
| Estimated Monthly Premium | \$3,239.90 | \$3,819.75 | \$4,654.81 |
| % Increase From Current | 29.90% | 53.14% | 86.62% |

| Health Plan of Nevada (POS) | POS Solutions Silver 35/500/3000/30% | POS Solutions Silver 35/0/2500/20% |
|-----------------------------|---|---------------------------------------|
| 7 EE Only | \$429.66 | \$457.05 |
| 0 EE + Spouse | \$859.32 | \$914.11 |
| 1 EE + Child(ren) | \$816.36 | \$868.40 |
| 0 Family | \$1,374.91 | \$1,462.57 |
| Estimated Monthly Premium | \$3,823.98 | \$4,067.77 |
| % Increase From Current | 53.31% | 63.09% |

| Sierra Health & Life (PPO) | PPO Solutions Silver 35/2500/30% | PPO Solutions Silver 25/1700/20% | PPO Solutions Gold 25/1000/20% | PPO Solutions Gold 25/500/20% |
|----------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------|
| 7 EE Only | \$498.31 | \$516.53 | \$568.57 | \$579.62 |
| 0 EE + Spouse | \$996.62 | \$1,033.05 | \$1,137.13 | \$1,159.24 |
| 1 EE + Child(ren) | \$946.79 | \$981.40 | \$1,080.28 | \$1,101.28 |
| 0 Family | \$1,594.59 | \$1,652.88 | \$1,819.42 | \$1,854.79 |
| Estimated Monthly Premium | \$4,434.95 | \$4,597.08 | \$5,060.25 | \$5,158.63 |
| % Increase From Current | 77.81% | 84.31% | 102.88% | 106.82% |

| HPN/SHL AHP | HMO Balance 40/6000/20 -HCC | HMO Balance 30/5000 -HCC | HMO Balance 10/3300 -HCC | HMO Balance 20/1750 -HCC |
|---------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| 7 EE Only | \$239.36 | \$251.91 | \$271.16 | \$296.83 |
| 0 EE + Spouse | \$478.73 | \$503.82 | \$542.32 | \$593.66 |
| 1 EE + Child(ren) | \$454.79 | \$478.63 | \$515.20 | \$563.98 |
| 0 Family | \$765.96 | \$806.12 | \$867.71 | \$949.86 |
| Estimated Monthly Premium | \$2,130.33 | \$2,242.02 | \$2,413.32 | \$2,641.80 |
| % Increase From Current | -14.59% | -10.11% | -3.24% | 5.92% |

*Composite rates are for illustrative purposes only

TEACH LV

Market Study - Alternate Medical Plans

Effective Date: 6/1/2024

Current Monthly Premium \$2,494.22

| HPN/SHL AHP | HMO Plus 30/5000-4A -HCC | HMO Plus 20/2000-3D -HCC | HMO Plus 30/500-3D -HCC | HMO Plus 15 -HCC |
|----------------------------------|--------------------------|--------------------------|-------------------------|-------------------|
| 7 EE Only | \$306.05 | \$331.48 | \$349.66 | \$403.68 |
| 0 EE + Spouse | \$612.11 | \$662.96 | \$699.33 | \$807.36 |
| 1 EE + Child(ren) | \$581.50 | \$629.81 | \$664.36 | \$767.00 |
| 0 Family | \$979.37 | \$1,060.74 | \$1,118.92 | \$1,291.78 |
| Estimated Monthly Premium | \$2,723.88 | \$2,950.17 | \$3,112.00 | \$3,592.77 |
| % Increase From Current | 9.21% | 18.28% | 24.77% | 44.04% |

| HPN/SHL AHP | POS 30/1500/3000/50% -HCC | POS 15/1000/2500/30% -HCC | POS 15/0/1000/20% -HCC |
|----------------------------------|---------------------------|---------------------------|------------------------|
| 7 EE Only | \$435.77 | \$459.39 | \$546.33 |
| 0 EE + Spouse | \$871.54 | \$918.78 | \$1,092.65 |
| 1 EE + Child(ren) | \$827.96 | \$872.84 | \$1,038.02 |
| 0 Family | \$1,394.46 | \$1,470.05 | \$1,748.25 |
| Estimated Monthly Premium | \$3,878.34 | \$4,088.58 | \$4,862.31 |
| % Increase From Current | 55.49% | 63.92% | 94.94% |

| HPN/SHL AHP | HSA 3000/20% -HCC | PPO 20/2500/20% -HCC | PPO 35/1500/30% -HCC | PPO 20/500/20% -HCC |
|----------------------------------|-------------------|----------------------|----------------------|---------------------|
| 7 EE Only | \$421.59 | \$489.64 | \$535.80 | \$602.66 |
| 0 EE + Spouse | \$843.18 | \$979.28 | \$1,071.60 | \$1,205.31 |
| 1 EE + Child(ren) | \$801.03 | \$930.32 | \$1,018.02 | \$1,145.05 |
| 0 Family | \$1,349.09 | \$1,566.85 | \$1,714.56 | \$1,928.50 |
| Estimated Monthly Premium | \$3,752.17 | \$4,357.80 | \$4,768.62 | \$5,363.64 |
| % Increase From Current | 50.43% | 74.72% | 91.19% | 115.04% |

| UHC | Choice Plus Silver HSA 3200/20% DGVC | Choice Plus Direct Silver 40/3000/20% DGYP | Choice Plus Direct Gold 40/1500/20% DGYN | Choice Plus Direct Gold 40/1000/20% DGYO |
|----------------------------------|--------------------------------------|--|--|--|
| 7 EE Only | \$579.57 | \$534.38 | \$613.32 | \$623.59 |
| 0 EE + Spouse | \$1,159.14 | \$1,068.75 | \$1,226.64 | \$1,247.18 |
| 1 EE + Child(ren) | \$1,101.18 | \$1,015.32 | \$1,165.31 | \$1,184.82 |
| 0 Family | \$1,854.62 | \$1,710.00 | \$1,962.62 | \$1,995.49 |
| Estimated Monthly Premium | \$5,158.16 | \$4,755.95 | \$5,458.54 | \$5,549.95 |
| % Increase From Current | 106.80% | 90.68% | 118.85% | 122.51% |

| TEACH LV | |
|--|------------|
| Market Study - Alternate Medical Plans | |
| Effective Date: | 6/1/2024 |
| Current Monthly Premium | \$2,494.22 |

| Anthem BCBS | Anthem Silver Guided Access HMO 6000/30%/9450 9WAR | Anthem Silver Guided Access HMO 4000/50%/9000 9WB2 | Anthem Gold Guided Access HMO 2000/20%/6000 9WC5 | Anthem Gold Guided Access HMO 500/20%/8000 9WAM |
|---------------------------|---|---|---|--|
| 7 EE Only | \$392.12 | \$388.59 | \$473.98 | \$479.66 |
| 0 EE + Spouse | \$784.23 | \$777.18 | \$947.96 | \$959.32 |
| 1 EE + Child(ren) | \$745.02 | \$738.32 | \$900.56 | \$911.36 |
| 0 Family | \$1,254.77 | \$1,243.49 | \$1,516.73 | \$1,534.91 |
| Estimated Monthly Premium | \$3,489.83 | \$3,458.45 | \$4,218.40 | \$4,268.98 |
| % Increase From Current | 39.92% | 38.66% | 69.13% | 71.15% |

| Anthem BCBS | Anthem Silver Choice PPO 5000/30%/9450 9WBF | Anthem Silver Choice PPO 3000/30%/9450 9WCF | Anthem Gold Choice PPO 1500/20%/6500 9WAQ | Anthem Gold Choice PPO 250/20%/7500 9WAZ |
|---------------------------|--|--|--|---|
| 7 EE Only | \$455.01 | \$460.49 | \$543.75 | \$559.40 |
| 0 EE + Spouse | \$910.02 | \$920.98 | \$1,087.50 | \$1,118.81 |
| 1 EE + Child(ren) | \$864.51 | \$874.93 | \$1,033.13 | \$1,062.87 |
| 0 Family | \$1,456.03 | \$1,473.56 | \$1,740.00 | \$1,790.09 |
| Estimated Monthly Premium | \$4,049.57 | \$4,098.34 | \$4,839.38 | \$4,978.69 |
| % Increase From Current | 62.36% | 64.31% | 94.02% | 99.61% |

| Prominence AHP | Prominence AHP Service POS 2500 | Prominence AHP Service POS 1000 | Prominence AHP Service PPO 2000 |
|---------------------------|---------------------------------|---------------------------------|---------------------------------|
| 7 EE Only | \$362.26 | \$408.98 | \$409.38 |
| 0 EE + Spouse | \$796.98 | \$899.75 | \$900.65 |
| 1 EE + Child(ren) | \$652.06 | \$736.16 | \$736.88 |
| 0 Family | \$1,123.02 | \$1,267.84 | \$1,269.09 |
| Estimated Monthly Premium | \$3,187.88 | \$3,599.02 | \$3,602.54 |
| % Increase From Current | 27.81% | 44.29% | 44.44% |