

Truckee Meadows Fire Protection District

EMPLOYEE Open Enrollment Notice

January 1, 2023 – December 31, 2023

What is "open enrollment?" Open enrollment is your once-a-year opportunity to review/adjust your medical/dental/vision benefit elections, and make sure they continue to meet your needs and your family's needs. Open Enrollment also allows you to enroll/drop coverage of your eligible dependents. You will not be eligible to enroll/drop coverage until this time next year unless you experience a Qualifying Life Event. Qualifying Life Events, also called changes in family status, include: *Marriage, Divorce, Birth or Adoption, Gain/Loss of Other Coverage or Court-Ordered Coverage*. You may also change medical plans during open enrollment.

OPEN ENROLLMENT GENERAL INSTRUCTIONS:

You have a choice between the medical plans: **Option #1) Prominence Health Plan Custom PPO Beyond 1** plan or **Option #2) Prominence Health Plan Custom HD/HSA Core 3** plan. The District will contribute to the HSA plan if you elect to change to this plan. The HSA plan will be funded annually in Pay Period 1.

Once you make an election, you cannot change plans until the next open enrollment period.

SECTION 125 PRE-TAX PREMIUM ONLY PLAN – AMERICAN FIDELITY

This Section 125 Premium Only Plan (POP) affords tax savings on medical, dental and vision premiums you pay. With a pre-tax deduction, the money that you pay in premium is deducted from your paycheck on a pre-tax basis. When you sign up for this plan, all elections are irrevocable for 1 year unless you have a change in family status.

Below is a brief summary of benefits. Please see attached brochures for further details.

OPTION #1:

MEDICAL – Prominence Health Plan Custom PPO Beyond 1 RX \$10/\$30/\$50

- \$15 Primary Care / \$30 Specialist In-Network Copay
- 100% In-Network Preventive / Wellness Services
- \$35 Urgent Care In-Network Copay
- \$100 Emergency Room Copay
- 10% Co-Insurance after Deductible In-Network In-Patient Hospital Services
- \$500 Individual / \$1,000 Family In-Network Annual Deductible
- \$3,000 Individual / \$6,000 Family In-Network Out-of-Pocket Maximum (includes Deductible, Copays & Rx Copays)
- Prescription Copays: \$10 Generic / \$30 Preferred Brand Name / \$50 Non-Preferred Brand Name / Mail-Order Available
- www.prominencehealthplan.com or (775) 770-9310

OPTION #2:

MEDICAL – Prominence Health Plan Custom HD/HSA CORE 3 RX \$15/\$40/\$60

- \$3,000 Individual / \$6,000 Family In-Network Annual Deductible
- \$4,000 Individual / \$8,000 Family In-Network Out-of-Pocket Maximum (includes Deductible & Rx Copays)
- 100% Preventive / Wellness Services
- In-Network Primary Care / Specialist: 0% Co-Insurance after Deductible
- In-Network In-Patient Hospital: 0% Co-Insurance after Deductible
- Urgent Care: 0% Co-Insurance after Deductible
- Emergency Room: 0% Co-Insurance after Deductible
- Rx Copay after Deductible: \$15 Generic / \$40 Preferred Brand Name / \$60 Non-Preferred Brand Name / Mail-Order Available
- www.prominencehealthplan.com or (775) 770-9310

DENTAL – Guardian

- \$0 Individual In-Network Annual Deductible / \$50 Individual Out-of-Network Annual Deductible (waived on Preventive Procedures)
- \$1,500 Annual Maximum Benefit
- 100% Preventive / 80% Basic / 50% Major Procedures Co-Insurance
- 50% Orthodontia (Children Only) / \$1,000 Lifetime Maximum
- www.guardianlife.com or (888) 600-1600

VISION – Vision Service Plan

- \$10 Exam Copay - every 12 Months
- \$25 Lenses & Frames Copay
- Lenses – every 12 Months
- Frames - every 24 Months - \$120 Allowance
- Contacts – every 12 Months - \$120 Allowance for Contacts & Contact Exam
- www.vsp.com or (800) 877-7195

LIFE/AD&D – The Standard

- \$25,000 per Employee
- Benefit reduces 35% at age 65, 50% at age 70

OPTION #1 Dependent PPO Plan Contribution:

Active Employee - BI-WEEKLY MEDICAL

Spouse Only	\$132.78
One Child Only	\$132.78
Two or More Children	\$270.46
Spouse & Child(ren)	\$270.46

OPTION #2 Dependent HDHP/HSA Plan Contribution:

Active Employee - BI-WEEKLY MEDICAL

Spouse Only	\$95.37
One Child Only	\$95.37
Two or More Children	\$194.28
Spouse & Child(ren)	\$194.28

Dental & Vision Dependent Contribution:

Active Employee - BI-WEEKLY

Spouse Only	\$10.23
One Child Only	\$15.50
Two or More Children	\$15.50
Spouse & Child(ren)	\$26.50

DISTRICT'S HSA 2023 ANNUAL CONTRIBUTION (Pay Period 2)

Employee Only	\$2,356
Employee + Spouse	\$4,688
Employee + Child/ren	\$4,688
Employee + Family	\$4,688