

# Truckee Meadows Fire Protection District

## Change & Open Enrollment Notice

**January 1, 2020 – December 31, 2020**

Due to ever increasing health costs, TMFPD is moving the medical benefits to Prominence Health Plans, effective January 1, 2020.

**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, January 3rd.

If you want to change to the HSA plan or change to the PPO plan, ***you must complete a new Enrollment/Change Form plus the Election Form*** and return them **no later than December 19th**. Once you make an election, you cannot change plans until the next open enrollment period.

If you do not need to make any changes to your current benefit elections, ***you still need to complete a new Enrollment/Change plus the Election Form*** and return the forms **no later than December 19th**.

### **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](http://www.prominencehealthplan.com) or (775) 770-9310

**OPTION #2:**



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

- \$2,800 Individual / \$5,600 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](http://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](http://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](http://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 / DENTAL / VISION**

<b>Spouse Only</b>	<b>\$138.86</b>
<b>One Child Only</b>	<b>\$144.12</b>
<b>Two or More Children</b>	<b>\$277.49</b>
<b>Spouse &amp; Child(ren)</b>	<b>\$288.50</b>

**OPTION #2 Dependent HDHP/HSA Plan Contribution:**

**Active Employees- BI-WEEKLY MEDICAL / DENTAL / VISION**

<b>Spouse Only</b>	<b>\$103.40</b>
<b>One Child Only</b>	<b>\$108.66</b>
<b>Two or More Children</b>	<b>\$205.27</b>
<b>Spouse &amp; Child(ren)</b>	<b>\$216.28</b>

**DISTRICT'S HSA 2020 ANNUAL CONTRIBUTION (January 3rd)**

<b>Employee Only</b>	<b>\$2,356</b>
<b>Employee + Spouse</b>	<b>\$4,688</b>
<b>Employee + Child</b>	<b>\$4,688</b>
<b>Employee + Children</b>	<b>\$4,688</b>
<b>Employee + Family</b>	<b>\$4,688</b>