

# Memo

**To:** CCSD Board of Trustees  
**From:** Kevin Lords  
**Date:** April 14th, 2017  
**Re:** AP Courses for the 2017-2018 School Year

CCHS students had the opportunity to choose their courses through the new Infinite Campus system. I informed staff of the courses that didn't have enough students register. We were able to add some students through staff recruiting. Here are the numbers for the AP Courses we offer at CCHS as of today:

Course	# of Requests
AP American Government	50
AP Biology (2 blocks)	2
AP Calculus	9
AP Chemistry (2 blocks)	6
AP Computer Science	12
AP English Language	26
AP English Literature	25
AP Physics (2 blocks)	15
AP Psychology	16
AP Spanish	5
AP Statistics	18
AP US History	32

- AP Biology we haven't had enough students to offer for the last 4 or 5 years.
- AP Calculus – if offered we would need to ask a math teacher to teach their prep hour.
- AP Chemistry is a double block class and if offered would require us to have two science teachers teach their prep hours.
- AP Computer Science is a new program this year and we are planning on offering it and hope that it will grow.
- AP Spanish will be combined with Honors Spanish 3 and we have a total of 17 students for that combined class.

In the past we have paid for a student to take the class at the college or an online class. For AP Calculus, if we paid for them to take Calculus at WNC it would cost about \$300 a student which would be cheaper than paying for a teacher prep hour.

I hope this gives you some background as you field questions or complaints.



**VSP CHOICE PLAN®**  
**COMMERCIAL BUSINESS RATES**  
 400-499 Enrolled Employees  
 For Clients Headquartered in Nevada  
 Valid Until July 1, 2017



**Prepared for Churchill County School District**

**Plan Guidelines**

- Individual Experience is not available for Pooled Groups
- 24 month rate guarantee and contract term
- These rates assume a minimum employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.
- Rates are based on net of commission and the agreement that VSP will receive these amounts over the full plan term
- Platform participation and associated fees are not included.
- The first copay applies to the eye examination and the second copay applies to materials
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal

**Plan Frequencies**

	<b>PLAN C</b>	<b>PLAN B</b>	<b>PLAN A</b>
<b>Eye Exam</b>	12 Months	12 Months	12 Months
<b>Lens</b>	12 Months	12 Months	24 Months
<b>Frame</b>	12 Months	24 Months	24 Months

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

**MONTHLY RATES**

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$20</b>	<b>\$5.86</b>	<b>\$9.38</b>	<b>\$9.57</b>	<b>\$15.43</b>
<b>Total:</b>	<b>\$5.86</b>	<b>\$9.38</b>	<b>\$9.57</b>	<b>\$15.43</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$25</b>	<b>\$5.61</b>	<b>\$8.97</b>	<b>\$9.16</b>	<b>\$14.76</b>
<b>Total:</b>	<b>\$5.61</b>	<b>\$8.97</b>	<b>\$9.16</b>	<b>\$14.76</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$10/\$30</b>	<b>\$5.29</b>	<b>\$8.46</b>	<b>\$8.64</b>	<b>\$13.93</b>
<b>Total:</b>	<b>\$5.29</b>	<b>\$8.46</b>	<b>\$8.64</b>	<b>\$13.93</b>

4-Rate Basis	Employee Only	Employee + One	Employee + Children	Employee + Family
<b>PLAN B Copay: \$20/\$20</b>	<b>\$5.18</b>	<b>\$8.28</b>	<b>\$8.46</b>	<b>\$13.64</b>
<b>Total:</b>	<b>\$5.18</b>	<b>\$8.28</b>	<b>\$8.46</b>	<b>\$13.64</b>

*Our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to pre-paid vision plans with a defined benefit*



Market Survey Analysis

Prepared for

Churchill County School District



Presented By

Tim Holland

L/P Insurance Services

Employee Benefits Division

Effective: July 1, 2017

L/P Insurance Services, Inc.

License #710906

INSURANCE BROKERS \* EMPLOYEE BENEFIT CONSULTANTS



### Medical Benefits & Cost Comparison

Carrier	United Healthcare				Hometown Health Plan			
	VML \$3,000 Ded		VMH \$2,000 Ded		LG PPO 30-70 CINS P D30002x		LG PPO 30-70 CINS P D2000x2	
	Effective: July 1, 2017							
	In Network	OON	In Network	OON	In Network	OON	In Network	OON
Primary Physician Copay	\$30	50% (d)	\$30	50% (d)	\$30	50% (d)	\$30	50% (d)
Specialist Physician Copay	\$50	50% (d)	\$50	50% (d)	\$50	50% (d)	\$50	50% (d)
Individual Deductible	\$3,000	\$6,000	\$2,000	\$4,000	\$3,000	\$6,000	\$2,000	\$4,000
Per Family Deductible	\$6,000	\$12,000	\$4,000	\$8,000	\$6,000	\$12,000	\$4,000	\$8,000
Per Member Annual Out of Pocket Maximum	\$6,600	\$13,200	\$5,600	\$11,200	\$6,600	\$13,200	\$5,600	\$11,200
Per Family Annual Out of Pocket Maximum	\$13,200	\$26,400	\$11,200	\$22,400	\$13,200	\$26,400	\$11,200	\$22,400
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Urgent Care Center	\$35	50% (d)	\$30	50% (d)	\$50	50% (d)	\$50	\$50
Lab, X-Ray & Diagnostic Testing (Free Standing Facility)	\$0 - \$100 (d)	50% (d)	\$0 - \$100 (d)	50% (d)	\$0 - 30% (d)	50% (d)	\$0 - 30% (d)	50% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100 (d)	50% (d)	\$100 (d)	50% (d)	\$100	50% (d)	\$100	50% (d)
Ambulance - Ground Transport	\$0	\$0	\$0	\$0	\$100	50% (d)	\$100	50% (d)
Ambulance - Air Transport	\$0	\$0	\$0	\$0	\$200	50% (d)	\$200	50% (d)
Ambulance - Ground Transport Emergency	\$100 (d)	\$100 (d)	\$100 (d)	\$100 (d)	\$100	50% (d)	\$100	50% (d)
Ambulance - Air Transport Emergency	\$200 (d)	\$200 (d)	\$200 (d)	\$200 (d)	\$200	50% (d)	\$200	50% (d)
Outpatient Hospitalization	\$500	50% (d)	\$500	50% (d)	\$500	50% (d)	\$500	50% (d)
Inpatient Hospitalization	30% (d)	50% (d)	30% (d)	50% (d)	30% (d)	50% (d)	30% (d)	50% (d)
Prescription Benefit:								
Formulary Generic Drug	\$10		\$10		\$10		\$10	
Formulary Brand Name Drug	\$30		\$30		\$30		\$30	
Non Formulary Drug	\$50		\$50		\$50		\$50	
Mail Order Supply (90 Days)	\$25 / \$75 / \$125		\$25 / \$75 / \$125		\$20 / \$60 / \$100 *		\$20 / \$60 / \$100 *	
<b>Rates:</b>	<b>Base</b>	<b>Buy Up</b>	<b>Renewal</b>	<b>Renewal</b>	<b>Proposed</b>	<b>Proposed</b>		
Employee	167	80	\$717.95	\$734.16	\$698.69	\$714.32		
Employee + Spouse	5	7	\$1,435.83	\$1,468.26	\$1,397.31	\$1,428.56		
Employee + Child	23	28	\$967.50	\$989.36	\$996.52	\$1,018.81		
Employee + Children	23	28	\$1,075.78	\$1,100.08	\$996.52	\$1,018.81		
Family	20	16	\$1,546.25	\$1,581.18	\$1,504.76	\$1,538.42		
<b>Total Enrollment</b>	<b>238</b>	<b>159</b>						
<b>MONTHLY PREMIUM</b>	<b>397</b>		<b>\$204,997</b>	<b>\$152,814</b>	<b>\$199,602.90</b>	<b>\$148,813.60</b>		
<b>ANNUAL PREMIUM</b>			<b>\$2,459,967</b>	<b>\$1,833,766</b>	<b>\$2,395,235</b>	<b>\$1,785,763</b>		
<b>COMBINED MONTHLY PREMIUM</b>			<b>\$357,811</b>		<b>\$348,417</b>			
<b>COMBINED ANNUAL PREMIUM</b>			<b>\$4,293,733</b>		<b>\$4,180,998</b>			
<b>\$ over/(under) current</b>			<b>\$386,774</b>		<b>\$274,040</b>			
<b>% over/(under) current</b>			<b>9.9%</b>		<b>7.0%</b>			

Blue = benefit enhancement

Red = benefit reduction

\*Pending Confirmation

The benefits outlined above are intended as a benefit comparison only. They do not include all of the benefit provisions, limitations and qualifications. Plan participants should refer to the Summary Plan Description and contract for coverage details.



**Dental Benefits & Cost Comparison**

Carrier	Guardian Effective: July 1, 2017		Kansas City Life	
	Preferred	Non Preferred	Preferred	Non Preferred
<b>Local Dental Network</b>	Guardian		Diversified Dental (DDS)	
<b>Reimbursement</b>	Neg. Fee	UCR	Neg. Fee	UCR
<b>Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$150
Deductible Waived For Preventive	Yes	Yes	Yes	Yes
<b>Coinsurance</b>				
Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
<b>Coverage</b>				
Cleaning Frequency	2 Every 12 Mo.		2 Per Year	
Composite Fillings	Posterior Only		Anterior and Posterior	
Crowns	Major		Major	
Endo and Perio	Basic		Basic	
Oral Surgery	Basic		Basic	
Implants	Covered		Covered	
<b>Calendar Year Maximum</b>	\$2,000	\$2,000	\$2,000	\$2,000
<b>Orthodontia Lifetime Maximum</b>	\$2,000	\$2,000	\$2,000	\$2,000
<b>Roll-Over Benefits</b>	Yes		Yes	
<b>Roll-Over Benefits Match to Current</b>	Yes		Yes	
<b>Waiting Periods (timely applicants):</b>				
Basic	None		None	
Major	None		None	
<b>Rates:</b>	<b>Current</b>	<b>Renewal</b>	<b>Proposed</b>	
Employee 264	\$50.05	\$55.06	\$49.55	
Employee + Spouse 44	\$96.64	\$106.30	\$95.67	
Employee + Children 72	\$113.52	\$124.87	\$112.38	
Family 39	\$160.89	\$176.98	\$159.28	
<b>Total Enrollment 419</b>				
<b>MONTHLY PREMIUM</b>	\$31,913.51	\$35,105.90	\$31,593.96	
<b>ANNUAL PREMIUM</b>	\$382,962	\$421,271	\$379,128	
\$ over/(under) current	\$38,308.7		-\$3,834.6	
% over/(under) current	10.0%		-1.0%	
<b>Rate Guarantee</b>	12 months		12 months**	

Blue = benefit enhancement

Red = benefit reduction

\* Rate cap of 7% at 12 months and 9% at 24 months

\*\* Rate cap of 7% at 12

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**Life and AD&D Benefits & Cost Comparison**

Carrier	Guardian Effective: July 1, 2017		Kansas City Life
<b>Benefit Formula:</b>			
All Eligible Employees	\$40,000		\$40,000
Dependent Life			
Spouse	\$2,000		\$2,000
Child 14 days - 6 mo	\$2,000		\$2,000
Child 6 mo to carrier cap	\$2,000		\$2,000
<b>Plan Features:</b>			
Accelerated Death Benefit	50%		80%
Terminal Prognosis	6 months		12 months
Portability	Included		Included
Waiver of Premium	Included		Included
Travel Assistance	Not Included		Included
<b>Benefit Reduction:</b>			
at age 65	65%		65%
age 70+	50%		50%
<b>Employer Contribution:</b>	100%		100%
<b>RATES:</b>	<b>Current</b>	<b>Renewal</b>	<b>Proposed</b>
Volume	\$16,353,000	\$16,353,000	\$16,353,000
Rate per \$1,000	\$0.170	\$0.190	\$0.150
Dep Units in force	90	90	90
Dep Life per \$2000 Unit	\$0.670	\$0.670	\$0.670
<b>Estimated Monthly Premium</b>	<b>\$2,840</b>	<b>\$3,167</b>	<b>\$2,513</b>
<b>Estimated Annual Premium</b>	<b>\$34,084</b>	<b>\$38,008</b>	<b>\$30,159</b>
<b>\$ over/(under) current</b>	<b>\$3,925</b>		<b>-\$3,925</b>
<b>% over/(under) current</b>	<b>11.5%</b>		<b>-11.5%</b>
<b>Rate Guarantee</b>	<b>12 months</b>		<b>24 months</b>

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