



Employee Benefits

Renewal & Cost Analysis

Proposal Prepared For:

City of Ely

Effective Date: December 1st, 2026



Executive Summary

Kevin Monaghan

Employee Benefits Consultant
kevin.monaghan@lpins.net
775.772.0266

Emily Stidham

Account Manager
emily.stidham@lpins.net
775.336.1980

LP Insurance Services

300 East 2nd St. STE 1300
Reno, NV 89501
www.lpins.net



This analysis has been prepared exclusively for City of Ely to support the December 1st, 2026 employee benefits renewal. The information contained in this analysis is confidential and intended solely for evaluating benefit options, financial impact, and strategic recommendations.

• Medical - Carriers Quoted

• Medical - Renewal and Options

• Medical - Age Banded Census

• Dental - Renewal

• Vision - Renewal

• Life and AD&D - Renewal

• Next Steps

City of Ely

Carriers Contacted



Medical Carrier	Bid Response	Notes
Sierra Health and Life - Small Group	Current Carrier	
Angle Health - Level Funded	Quote Presented	
Anthem - Association Plan	Quote Presented	
Anthem - Small Group	Not Competitive	
United Healthcare - Small Group	Not Competitive	
Aetna - Level Funded	Declined to Quote	
Anthem - Level Funded	Declined to Quote	
Nationwide - Level Funded	Declined to Quote	
United Healthcare - Level Funded	Declined to Quote	
Hometown Health - Association Plan	Declined to Quote	
Sierra Health and Life - Association Plan	Declined to Quote	
Dental, Vision, Life Carrier	Bid Response	Notes
Anthem	Quote Presented	
Ameritas	Quote Presented	
Principal	Quote Presented	Declined to Quote Dental
Renaissance	Quote Presented	
SunLife	Quote Presented	
Cigna	Declined to Quote	

City of Ely

Medical - Sierra Health and Life Benefit and Cost Comparison

	Current & Renewal		Option 1	Option 2
Carrier	Sierra Health and Life		Sierra Health and Life	Sierra Health and Life
Plan Name	\$3,800 HDHP		\$7,150 HDHP	\$4,500 HDHP
Network	Sierra Health and Life <u>In Network</u>		Sierra Health and Life <u>In Network</u>	Sierra Health and Life <u>In Network</u>
Individual Deductible	\$3,800		\$7,150	\$4,500
Family Deductible	\$7,600		\$14,300	\$9,000
Individual Out of Pocket Max.	\$6,000		\$8,500	\$7,550
Family Out of Pocket Max.	\$12,000		\$17,000	\$15,100
Primary Physician	\$20 after deductible		20% after deductible	\$15 after deductible
Specialist Physician	\$65 after deductible		20% after deductible	\$65 after deductible
Telemedicine	\$0 after deductible		20% after deductible	\$0 after deductible
Urgent Care	\$50 after deductible		20% after deductible	\$50 after deductible
Emergency Room	\$500 after deductible		20% after deductible	\$500 after deductible
Lab (Non-Hospital)	\$15 after deductible		20% after deductible	\$15 after deductible
MRI, PET, CT Scans (Non-Hospital)	\$350 after deductible		20% after deductible	\$150 after deductible
Outpatient Surgery (Non-Hospital)	\$350 after deductible		20% after deductible	\$350 after deductible
Inpatient Hospitalization	\$1,000 after deductible		20% after deductible	\$1,000 after deductible
Prescription Deductible				
Tier I	\$15 after deductible		0% after deductible	\$15 after deductible
Tier II	\$15 after deductible		0% after deductible	\$15 after deductible
Tier III	\$35 after deductible		0% after deductible	\$35 after deductible
Cost Summary				
Employee 16				
Employee + Spouse 8	Age Banded		Age Banded	Age Banded
Employee + Children 5				
Family 2				
36				
Estimated Monthly Premium	\$44,172	\$51,200	\$46,168	\$48,528
Estimated Annual Premium	\$530,059	\$614,396	\$554,016	\$582,330
Total \$ Over/Under Current		\$84,337	\$23,958	\$52,271
Total % Over/Under Current		15.9%	4.5%	9.9%

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Medical - Sierra Health and Life Benefit and Cost Comparison

	Current & Renewal		Option 3
Carrier	Sierra Health and Life		Sierra Health and Life
Plan Name	\$3,800 HDHP		\$8,550 PPO
Network	Sierra Health and Life <u>In Network</u>		Sierra Health and Life <u>In Network</u>
Individual Deductible	\$3,800		\$8,550
Family Deductible	\$7,600		\$17,100
Individual Out of Pocket Max.	\$6,000		\$9,700
Family Out of Pocket Max.	\$12,000		\$19,400
Primary Physician	\$20 after deductible		\$45 copay
Specialist Physician	\$65 after deductible		\$95 after deductible
Telemedicine	\$0 after deductible		
Urgent Care	\$50 after deductible		\$50 copay
Emergency Room	\$500 after deductible		0% after deductible
Lab (Non-Hospital)	\$15 after deductible		\$50 copay
MRI, PET, CT Scans (Non-Hospital)	\$350 after deductible		\$95 copay
Outpatient Surgery (Non-Hospital)	\$350 after deductible		0% after deductible
Inpatient Hospitalization	\$1,000 after deductible		0% after deductible
Prescription Deductible			
Tier I	\$15 after deductible		\$30 copay
Tier II	\$15 after deductible		0% after deductible
Tier III	\$35 after deductible		0% after deductible
Cost Summary			
Employee16	Age Banded	Age Banded	Age Banded
Employee + Spouse8			
Employee + Children5			
Family7			
36			
Estimated Monthly Premium	\$44,172	\$51,200	\$49,010
Estimated Annual Premium	\$530,059	\$614,396	\$588,115
Total \$ Over/Under Current		\$84,337	\$58,056
Total % Over/Under Current		15.9%	11.0%

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Medical - Angle Health Benefit and Cost Comparison

	Current & Renewal		Option 1	Option 2
Carrier	Sierra Health and Life		Angle Health	Angle Health
Plan Name	\$3,800 HDHP		\$4,000 HDHP	\$5,000 HDHP
Network	Sierra Health and Life <u>In Network</u>		Cigna <u>In Network</u>	Cigna <u>In Network</u>
Individual Deductible	\$3,800		\$4,000	\$5,000
Family Deductible	\$7,600		\$8,000	\$10,000
Individual Out of Pocket Max.	\$6,000		\$7,000	\$5,000
Family Out of Pocket Max.	\$12,000		\$14,000	\$10,000
Primary Physician	\$20 after deductible		20% after deductible	0% after deductible
Specialist Physician	\$65 after deductible		20% after deductible	0% after deductible
Telemedicine	\$0 after deductible		0% after deductible	0% after deductible
Urgent Care	\$50 after deductible		20% after deductible	0% after deductible
Emergency Room	\$500 after deductible		20% after deductible	0% after deductible
Lab (Non-Hospital)	\$15 after deductible		20% after deductible	0% after deductible
MRI, PET, CT Scans (Non-Hospital)	\$350 after deductible		20% after deductible	0% after deductible
Outpatient Surgery (Non-Hospital)	\$350 after deductible		20% after deductible	0% after deductible
Inpatient Hospitalization	\$1,000 after deductible		20% after deductible	0% after deductible
Prescription Deductible				
Tier I	\$15 after deductible		20% after deductible	0% after deductible
Tier II	\$15 after deductible		20% after deductible	0% after deductible
Tier III	\$35 after deductible		20% after deductible	0% after deductible
Cost Summary				
Employee	16		\$700	\$728
Employee + Spouse	8	Age Banded	\$1,471	\$1,529
Employee + Children	5		\$1,331	\$1,384
Family	2		\$2,171	\$2,258
	36			
Estimated Monthly Premium		\$44,172	\$51,200	\$46,609
Estimated Annual Premium		\$530,059	\$614,396	\$559,312
Total \$ Over/Under Current			\$7,896	\$29,253
Total % Over/Under Current			1.5%	5.5%

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Medical - Anthem Chamber Benefit and Cost Comparison

	Current		Renewal	Option 1		Option 2	
Carrier	Sierra Health and Life			Anthem Chamber		Anthem Chamber	
Plan Name	HDHP Plan			PPO 5000 HSA (24E)		PPO 3300 HSA (23E)	
Network	Sierra Health and Life			National Blue Card		National Blue Card	
Contracted Hospital	<u>In Network</u>			<u>In-Network</u>		<u>In-Network</u>	
Individual Deductible	\$3,800			\$5,000		\$3,300	
Family Deductible	\$7,600			\$10,000		\$6,600	
Individual Out of Pocket Max.	\$6,000			\$5,000		\$5,000	
Family Out of Pocket Max.	\$12,000			\$10,000		\$10,000	
Primary Physician	\$20 after deductible			0% After Ded.		20% After Ded.	
Specialist Physician	\$65 after deductible			0% After Ded.		20% After Ded.	
Telemedicine	\$0 after deductible			0% After Ded.		20% After Ded.	
Urgent Care	\$50 after deductible			0% After Ded.		20% After Ded.	
Emergency Room	\$500 after deductible			0% After Ded.		20% After Ded.	
Lab (Non-Hospital)	\$15 after deductible			0% After Ded.		20% After Ded.	
MRI, PET, CT Scans (Non-Hospital)	\$350 after deductible			0% After Ded.		20% After Ded.	
Outpatient Surgery (Non-Hospital)	\$350 after deductible			0% After Ded.		20% After Ded.	
Inpatient Hospitalization	\$1,000 after deductible			0% After Ded.		20% After Ded.	
Prescription Deductible				Combined with Medical		Combined with Medical	
Tier I	\$15 after deductible			0% After Ded.		20% After Ded.	
Tier II	\$15 after deductible			0% After Ded.		20% After Ded.	
Tier III	\$35 after deductible			0% After Ded.		20% After Ded.	
Cost Summary							
Employee	16	Age Banded	Age Banded	\$941		\$954	
Employee + Spouse	8			\$2,070		\$2,099	
Employee + Children	5			\$1,694		\$1,718	
Family	2			\$2,917		\$2,958	
	36						
Estimated Monthly Premium		\$44,172	\$51,200	\$60,505		\$61,356	
Estimated Annual Premium		\$530,059	\$614,396	\$726,061		\$736,272	
Total \$ Over/Under Current			\$84,337	\$196,002		\$206,213	
Total % Over/Under Current			15.9%	37.0%		38.9%	

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Dental Benefits and Cost Comparison

		Dental		Option 1	Option 2	Option 3
Carrier		Kansas City Life		Renaissance	Sun Life	Anthem
Network		Diversified Dental <u>In Network</u>		Diversified Dental <u>In Network</u>	Sun Life Dental <u>In Network</u>	Dental Complete <u>In Network</u>
Calendar Year Deductible						
Individual		\$50		\$50	\$50	\$50
Family		\$150		\$150	\$150	\$150
Coverage Level						
Preventive		no charge		no charge	no charge	no charge
Basic		20% after deductible		20% after deductible	20% after deductible	20% after deductible
Major		50% after deductible		50% after deductible	50% after deductible	50% after deductible
Child Ortho		50% after deductible		50% after deductible	50% after deductible	50% after deductible
Annual Maximum		\$2,000		\$2,000	\$2,000	\$1,500
Ortho Annual Maximum		\$1,500		\$1,500	\$1,500	\$1,500
Coverage						
Cleaning Frequency		2 per calendar year		2 per calendar year	2 per calendar year	2 per calendar year
Composite Fillings		basic		basic	basic	basic
Implants		major		major	major	major
Waiting Period for Major		none		none	none	none
Cost Summary		Current	Renewal	Proposed	Proposed	Proposed
Employee	14	\$31.18	\$32.86	\$31.22	\$32.53	\$33.55
Employee + Spouse	10	\$61.70	\$65.03	\$61.78	\$64.37	\$68.43
Employee + Child(ren)	4	\$57.41	\$60.51	\$57.48	\$59.89	\$80.94
Family	2	\$108.83	\$114.71	\$108.97	\$113.53	\$120.25
	35					
Estimated Monthly Premium		\$2,045	\$2,155	\$2,048	\$2,133	\$2,320
Estimated Annual Premium		\$24,540	\$25,864	\$24,571	\$25,601	\$27,834
Total \$ Over/Under Current			\$1,325	\$31	\$1,061	\$3,294
Total % Over/Under Current			5.4%	0.1%	4.3%	13.4%
Rate Guarantee		Renews 12/1/2027		24 months	24 months	24 months

*All local dentists and Doug Simister - Pure Orthodontics in network

*Doug Simister - Pure Orthodontics not contracted

*Doug Simister - Pure Orthodontics not contracted

*Doug Simister - Pure Orthodontics not contracted
2% bundling discount on medical with dental and vision.

City of Ely

Vision Benefits and Cost Comparison

	Vision		Option 1	Option 2	Option 3	Option 4
Carrier	Kansas City Life		Principal	Renaissance	Sun Life	Anthem
Network	VSP Choice <u>In Network</u>		VSP Choice <u>In Network</u>	VSP Choice <u>In Network</u>	VSP Choice <u>In Network</u>	Blue View Vision <u>In Network</u>
Frequency						
Eye Examination	12 months		12 months	12 months	12 months	12 months
Contact Lenses / Lenses	12 months		12 months	12 months	12 months	12 months
Frames	24 months		24 months	24 months	24 months	24 months
Copayments						
Exams	\$10 copay		\$10 copay	\$10 copay	\$10 copay	\$10 copay
Materials	\$10 copay		\$10 copay	\$10 copay	\$10 copay	\$10 copay
Schedule of Benefits						
Exam	covered in full		covered in full	covered in full	covered in full	covered in full
Frames	\$130		\$130	\$130	\$130	\$130
Elective Contact Lenses	\$130		\$130	\$130	\$130	\$130
Med. Necessary Contacts	covered in full		covered in full	covered in full	covered in full	covered in full
Cost Summary	Current	Renewal	Proposed	Proposed	Proposed	Proposed
Employee 14	\$6.58	\$6.78	\$5.90	\$6.44	\$6.58	\$7.49
Employee + Spouse 10	\$13.16	\$12.56	\$11.80	\$12.88	\$13.16	\$14.98
Employee + Child(ren) 4	\$14.09	\$14.51	\$12.62	\$13.78	\$14.09	\$15.05
Family 7	\$22.51	\$23.18	\$20.17	\$22.02	\$22.50	\$25.02
35						
Estimated Monthly Premium	\$438	\$441	\$392	\$428	\$438	\$490
Estimated Annual Premium	\$5,252	\$5,290	\$4,707	\$5,139	\$5,251	\$5,880
Total \$ Over/Under Current		\$38	-\$545	-\$113	-\$1	\$628
Total % Over/Under Current		0.7%	-10.4%	-2.2%	0.0%	12.0%
Rate Guarantee	Renews 12/1/2027		24 months	24 months	24 months	24 months

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Life and AD&D Benefits and Cost Comparison

	Life and AD&D	Option 1	Option 2	Option 3
Carrier	Kansas City Life	Principal	Sun Life	Renaissance
Eligibility	full-time	full-time	full-time	full-time
Benefit Amount				
Benefit Amount	\$25,000	\$25,000	\$25,000	\$25,000
Plan Features				
Accelerated Death Benefit	covered	covered	covered	covered
Portability / Conversion	covered	covered	covered	covered
Waiver of Premium	covered	covered	covered	covered
Benefit Reductions				
at age 65	65%	65%	65%	65%
at age 70	50%	50%	50%	50%
at age 75	-	-	-	-
EAP				
Cost Summary	Current	Proposed	Proposed	Proposed
Volume	\$903,750	\$903,750	\$900,000	\$903,750
Life/AD&D per \$1,000	\$0.205	\$0.208	\$0.296	\$0.312
Estimated Monthly Premium	\$185	\$188	\$266	\$282
Estimated Annual Premium	\$2,223	\$2,256	\$3,197	\$3,384
Total \$ Over/Under Current		\$33	\$974	\$1,160
Total % Over/Under Current		1.5%	43.8%	52.2%
Rate Guarantee	Renews 12/1/2027	24 months	24 months	24 months