



LAS VEGAS POLICE PROTECTIVE ASSOCIATION CIVILIAN EMPLOYEES, INC.



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July 24, 2007

To All Civilian Employees participating in the HPN/Sierra Plan;

It is with great pleasure that the Las Vegas Police Protective Association, Civilian Employees is announcing this years employee benefit program effective August 1, 2007. This years Employee Benefit Plan will include enhanced Dental and Vision benefits with an overall "reduction" in Employee and Dependent monthly contributions.

The Benefit highlights for this years plan are as follows;

- Guardian Diversified Dental benefit will increase from \$1000.00 to \$2,500.00 per calendar year
- Guardian Diversified Orthodontia benefit will increase from a lifetime benefit of \$1000.00 to \$3,000.00
- Guardian Vision Service Plan benefit for frames and lenses will increase from once every 24 months to once every 12 months
- HPN/Sierra's group Medical coverage will remain at the high level of benefits you are currently receiving.

The Employee contribution highlights for this year are as follows;

- Single Only coverage - there will no longer be a deduction per pay period, as it will be covered by the Association.
- Single & Dependent coverage - contributions will be reduced from \$129.89 to \$100.96 per pay period.

Please find attached Medical, Dental, & Vision benefit cut sheets for your reference. These sheets represent a "snap shot" overview of your benefits. For medical providers, please reference our website at www.ppace.org/link HPN/Sierra. In addition to this great news, civilian employees participating in this plan can look forward to further benefit programs to be introduced this fall.

As part of the team of LVPPACE, it is our pleasure to bring you this fabulous benefit package and as always, we thank you for your continued support of the Association.

Sincerely,

Terri Yada, President

Serving the Community Since 1973
INTERNATIONAL UNION OF POLICE ASSOC., AFL/CIO, LOCAL 232



Benefit Summary

for Dental has been prepared for the employees of:

Las Vegas Police Protective Association- Civilian Employees, Inc.

In-Network Deductible- \$50 (*Waived for Preventive Services)
Out-of-Network Deductible- \$50 (Not waived for Preventive Services)

Services	Percentage Paid	
	<u>In-Network</u>	<u>Out-of-Network</u>
Preventive Services*	100%	100% of In Network Established Fee
Emergency Palliative Treatment		
Oral Examination - every six months		
X-Rays - four bitewings every twelve months full mouth series every five years		
Teeth Cleaning - every six months		
Fluoride Treatments for Children - every six months under age 14		
Space Maintainers for Children - under age 16		
Topical Sealants for unrestored molar teeth		
-one treatment for child(ren) under 16 in a three (3) year period		
Basic Services	80%	50% of In Network Established Fee
Laboratory Test		
Diagnostic Consultation- one per year		
Fillings: Amalgam, Silicate, Acrylic		
Crowns: Stainless Steel		
General Anesthesia- surgical procedures only		
Injectable Antibiotics- for treatment of a dental condition only		
Major Services	50%	50% of In Network Established Fee
Endodontic Services/Root Canal Therapy		
Periodontal Services		
Oral Surgery- Uncomplicated extractions		
Repairs of dentures, bridgework, crowns, etc.		
Bridges Installation-fixed and removable		
Dentures- Full and Partial		
Crowns: Acrylic Metal, Porcelain		
Inlays		
Onlays		
Posts		
Orthodontic Services	50%	50% of In Network Established Fee
\$3,000 Lifetime Maximum for child(ren) under age 19		
The deductible does not apply to Orthodontic services.		

- There is an **\$2,500 annual maximum** for Preventive, Basic and Major services combined.
- *Deductible is waived for Preventive services. 3 individual deductibles per family.
- Children are covered up to age 20 or 26 if a full time student.



GUARDIAN®

The Guardian Life Insurance Company of America, New York, NY

2004-4780

Benefit Summary

for Vision has been prepared for the employees of:

Las Vegas Police Protective Association-Civilian Employees, Inc.

Full Feature Plan

Frequency of Service:

Exam	every 12 months
Materials:	
Lenses	every 12 months
Frames	every 12 months
Or	
Contact Lenses (in lieu of frames & lenses)	every 12 months

Note: If you chose contact lenses, you will not be eligible to receive lenses for **12 months** and a frame for **12 months** following the date contacts were obtained.

Copayment:

Exam/Materials \$10(applies to first service performed)

Benefits (after Copayment):

	<u>In-Network</u>	<u>Out-of-Network</u>
Eye Exams	covered in full	up to \$46.00
Single Vision Lenses	covered in full	up to \$47.00
Lined Bifocal Lenses	covered in full	up to \$66.00
Lined Trifocal Lenses	covered in full	up to \$85.00
Lenticular Lenses	covered in full	up to \$125.00
Frames	\$115 Retail Allowance *	up to \$47.00
Contact Lenses		
Medically Necessary	covered in full	up to \$210.00
Elective	\$105.00**	up to \$105.00**

* Approximately 15,000 frames are covered in full. Frames not fully covered are offered at a discounted cost. If you select a frame that exceeds the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest.

** Copayment does not apply to elective contact lenses.

One Year Lock-In/Lock-Out

- Your election to enroll in or waive Vision Plan coverage must remain in effect for 12 months (i.e., July 1, 2007 through June 30, 2008). This means:
- If you enroll in the Plan, you will not be able to drop coverage for yourself or your dependents until the Annual Enrollment in 2008.
- If you elect not to enroll in the Plan or do not enroll an eligible spouse/child, you may not enroll until Annual Enrollment in 2008.

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-1 et al

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.


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