

Public Employees' Benefits Program
Plan Year 2017 Rates Effective July 1, 2016

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State Employee Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>			<i>Statewide HMO</i>		
	Consumer Driven Health Plan (CDHP)			Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	598.69	556.78	41.91	764.03	595.94	168.09
Employee + Spouse	1,078.66	907.16	171.50	1,482.28	1,012.53	469.75
Employee + Child(ren)	786.88	694.16	92.72	1,097.74	789.50	308.24
Employee + Family	1,266.01	1,043.92	222.09	1,815.99	1,206.08	609.91

State Employee with Domestic Partner Rates (CDHP)

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>					
	Consumer Driven Health Plan (CDHP)					
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	1,078.66	556.78	350.38	171.50	41.91	129.59
Employee + DP's Child(ren)	786.88	556.78	137.38	92.72	41.91	50.81
Employee + Children of both	786.88	694.16	-	92.72	92.72	-
Employee + DP + EE's Child(ren)	1,266.01	694.16	349.76	222.09	92.72	129.36
Employee + DP + DP's Child(ren)	1,266.01	556.78	487.14	222.09	41.91	180.17
Employee + DP + Children of both	1,266.01	694.16	349.76	222.09	92.72	129.36

State Employee with Domestic Partner Rates (HMO)

Rates Effective July 1, 2016 – June 30, 2017	<i>HMO Plans</i>					
	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)					
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	1,482.28	595.94	416.59	469.75	168.09	301.66
Employee + DP's Child(ren)	1,097.74	595.94	193.56	308.24	168.09	140.15
Employee + Children of both	1,097.74	789.50	-	308.24	308.24	-
Employee + DP + EE's Child(ren)	1,815.99	789.50	416.58	609.91	308.24	301.67
Employee + DP + DP's Child(ren)	1,815.99	595.94	610.14	609.91	168.09	441.82
Employee + DP + Children of both	1,815.99	789.50	416.58	609.91	308.24	301.67

State Employee Leave Without Pay Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Employee Only	598.69	764.03
Employee + Spouse/DP	1,078.66	1,482.28
Employee + Child(ren)	786.88	1,097.74
Employee + Family	1,266.01	1,815.99

Note: State employees on Leave without Pay and employees on Military leave do not receive a subsidy.

State Active Legislator Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Employee Only	598.69	764.03
Employee + Spouse/DP	1,078.66	1,482.28
Employee + Child(ren)	786.88	1,097.74
Employee + Family	1,266.01	1,815.99

Note: State active legislators do not receive a subsidy.

State Retiree and Survivor Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>			<i>Statewide HMO</i>		
	Consumer Driven Health Plan (CDHP)			Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Retiree only	580.78	371.70	209.08	746.12	365.60	380.52
Retiree + Spouse	1,060.75	582.89	477.86	1,464.37	573.89	890.48
Retiree + Child(ren)	765.62	453.03	312.59	1,079.83	462.37	617.46
Retiree + Family	1,248.10	665.32	582.78	1,798.08	670.67	1,127.41
Surviving/Unsubsidized Spouse	580.78	-	580.78	746.12	-	746.12
Surviving/Unsubsidized Spouse + Child(ren)	765.62		765.62	1,079.83		1,079.83

The State Retiree Participant Premiums above are subsidized rates for those who retired prior to January 1, 1994.

For those who retired on or after January 1, 1994, refer to the *State Retiree Subsidy Table* on page 9, then add or subtract the appropriate subsidy based on your years of service to/from the Participant Premium shown above to determine your final premium.

Note: Survivors and unsubsidized dependents are not eligible for a subsidy.

State Retiree with Domestic Partner Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>				<i>Statewide HMO</i>			
	Consumer Driven Health Plan (CDHP)				Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)			
	Rate	Base Subsidy	Taxable Subsidy	Retiree Premium	Rate	Base Subsidy	Taxable Subsidy	Retiree Premium
Retiree + DP	1,060.75	371.70	211.19	477.86	1,464.37	365.60	208.29	890.48
Retiree + DP's Child(ren)	765.62	371.70	81.33	312.59	1,079.83	365.60	96.77	617.46
Retiree + Children of both	765.62	453.03	-	312.59	1,079.83	462.37	-	617.46
Retiree + DP + Retiree's Child(ren)	1,248.10	453.03	212.29	582.78	1,798.08	462.37	208.30	1,127.41
Retiree + DP + DP's Child(ren)	1,248.10	371.70	293.62	582.78	1,798.08	365.60	305.07	1,127.41
Retiree + DP + Children of both	1,248.10	453.03	212.29	582.78	1,798.08	462.37	208.30	1,127.41

The State Retiree Participant Premiums above are subsidized rates for those who retired prior to January 1, 1994.

For those who retired on or after January 1, 1994, refer to the *State Retiree Subsidy Table* on page 9, then add or subtract the appropriate subsidy based on your years of service to/from the Participant Premium shown above to determine your final premium.

State Retiree Subsidy Adjustment Table

State Retiree Subsidy For Retirees Enrolled in the CDHP or HMO Plans	
Years of Service	State Subsidy
5	+322.72
6	+290.45
7	+258.18
8	+225.91
9	+193.63
10	+161.36
11	+129.09
12	+96.82
13	+64.54
14	+32.27
15 (Base)	-
16	-32.27
17	-64.54
18	-96.82
19	-129.09
20	-161.36

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown on the tables on the previous pages.
- For participants who retired on or after January 1, 1994, add or subtract the appropriate subsidy based on the number of years of service to or from the participant premium for the selected plan and tier.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive a Years of Service Subsidy or Base Subsidy.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, deduct \$104.90 from your premium cost.

Non-State Employee Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Employee Only	974.97	809.75
Employee + Spouse	1,831.22	1,573.72
Employee + Child(ren)	1,718.44	1,210.92
Employee + Family	2,573.84	1,974.89

Non-State Retiree and Survivor Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>			<i>Statewide HMO</i>		
	Consumer Driven Health Plan (CDHP)			Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Retiree only	957.06	612.52	344.54	791.84	388.00	403.84
Retiree + Spouse/DP	1,813.31	989.27	824.04	1,555.81	609.55	946.26
Retiree + Child(ren)	1,700.53	939.64	760.89	1,193.01	504.34	688.67
Retiree + Family	2,555.93	1,316.02	1,239.91	1,956.98	725.89	1,231.09
Surviving/Unsubsidized Spouse/DP	957.06	-	957.06	791.84	-	791.84
Surviving/Unsubsidized Spouse/DP + Child(ren)	1,700.53	-	1,700.53	1,193.01	-	1,193.01

The Non-State Retiree Participant Premiums above are subsidized rates for those who retired prior to January 1, 1994.

For those who retired on or after January 1, 1994, refer to the *Non-State Retiree Subsidy Table* on page 12, add or subtract the appropriate subsidy based on your years of service to/from the Participant Premium shown above to determine your final premium.

Non-State Retiree Subsidy Adjustment Table

Non-State Retiree Subsidy For Retirees Enrolled in the CDHP or HMO Plans	
Years of Service	Non-State Subsidy
5	+322.72
6	+290.45
7	+258.18
8	+225.91
9	+193.63
10	+161.36
11	+129.09
12	+96.82
13	+64.54
14	+32.27
15 (Base)	-
16	-32.27
17	-64.54
18	-96.82
19	-129.09
20	-161.36

- For participants who retired before January 1, 1994, subtract the 15-year (base) subsidy from the participant premium for the selected plan and tier.
- For participants who retired on or after January 1, 1994, add or subtract the appropriate subsidy based on the number of years of service from the participant premium for the selected plan and tier.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive a Years of Service Subsidy or Base Subsidy.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, deduct \$104.90 from your premium cost.

Medicare Exchange Retiree HRA Contribution

HRA Contribution for Retirees Enrolled in an Extend Health Plan	
Years of Service	Contribution
5	+60.00
6	+72.00
7	+84.00
8	+96.00
9	+108.00
10	+120.00
11	+132.00
12	+144.00
13	+156.00
14	+168.00
15 (Base)	+180.00
16	+192.00
17	+204.00
18	+216.00
19	+228.00
20	+240.00

- Participants who retired before January 1, 1994 receive the 15-year (\$180) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is \$12 per month per year of service beginning with 5 years (\$60) and a maximum of 20 years (\$240).
- Spouses/domestic partners and surviving spouses /domestic partners enrolled in the Medicare Exchange are not eligible for an HRA contribution.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive a Years of Service contribution.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a Years of Service contribution.
- These amounts do not include the one-time \$2 per month per year of service (\$360 for a retiree with 15 years of service) contribution approved by the Board for Plan Year 2017 in March 2016.

Voluntary Dental Insurance Rates for Medicare Exchange Retirees

Rates Effective July 1, 2016 – June 30, 2017	State Retiree Rate	Non-State Retiree Rate
	Participant Premium	Participant Premium
Retiree Only	36.78	36.84
Retiree + Spouse/DP	73.56	73.68
Surviving/Unsubsidized Spouse/DP	36.78	36.84

State Employee COBRA Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Participant	610.67	779.31
Participant + Spouse/DP	1,100.24	1,511.93
Participant + Child(ren)	802.62	1,119.69
Participant + Family	1,291.33	1,852.31
<ul style="list-style-type: none"> • COBRA participants do not qualify for Life Insurance and Long Term Disability. • Participants on COBRA do not receive a subsidy. 		

State Retiree COBRA Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Participant	592.40	761.04
Participant + Spouse/DP	1,081.97	1,493.66
Participant + Child(ren)	780.94	1,101.43
Participant + Family	1,273.06	1,834.04
Spouse/DP Only	592.40	761.04
Spouse/DP + Child(ren)	780.94	1,101.43

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Participants on COBRA do not receive a subsidy.

Non-State Employee COBRA Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Participant	994.47	825.95
Participant + Spouse/DP	1,867.84	1,605.19
Participant + Child(ren)	1,752.81	1,235.14
Participant + Family	2,625.32	2,014.39
<ul style="list-style-type: none"> • COBRA participants do not qualify for Life Insurance and Long Term Disability. • Participants on COBRA do not receive a subsidy. 		

Non-State Retiree COBRA Rates

Rates Effective July 1, 2016 – June 30, 2017	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	Consumer Driven Health Plan (CDHP)	Hometown Health Plan (HHP) & Health Plan of Nevada (HPN)
	Participant Premium	Participant Premium
Participant	976.20	807.68
Participant + Spouse/DP	1,849.57	1,586.93
Participant + Child(ren)	1,734.54	1,216.87
Participant + Family	2,607.05	1,996.12
Spouse/DP Only	976.20	807.68
Spouse/DP + Child(ren)	1,734.54	1,216.87
<ul style="list-style-type: none"> • COBRA participants do not qualify for Life Insurance and Long Term Disability. • Participants on COBRA do not receive a subsidy. 		