



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Table of Contents

State Rates - Active Employees	2
State Rates - Retirees	3
Non-State Rates - Active Employees	4
Non-State Rates - Retirees	5
State Domestic Partner Rates - Active Employees - CDHP	6
State Domestic Partner Rates - Active Employees - EPO	7
State Domestic Partner Rates - Retirees	8
State and Non-State Retiree Years of Service Subsidy	9
Medicare Exchange Retiree HRA Contributions and Dental Rates	10
COBRA Rates	11

- All rates are MONTHLY premium rates.
- Central Payroll Employees have monthly deductions from the first paycheck of the month.
- All adjustments for HSA/voluntary deductions are taken out the second check of the month.
- University Staff Members (NSHE) get paid once a month so premiums and voluntary deductions are only deducted once a month.
- Each monthly premium pays for coverage for *that same month*, including retirees. Payments are not made in advance.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Active State Employee Rates

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP)			Premier (EPO) Plan and Health Plan of Nevada (HPN)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	579.25	547.52	31.73	814.91	672.48	142.43
Employee + Spouse/DP	1,067.17	911.13	156.04	1,581.21	1,151.59	429.62
Employee + Child(ren)	778.18	695.77	82.41	1,195.05	910.16	284.89
Employee + Family	1,266.09	1,059.37	206.72	1,961.35	1,389.27	572.08

-- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy.
Refer to the Rate column to determine the premium.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP)			Premier (EPO) Plan and Health Plan of Nevada (HPN)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Retiree only	562.26	362.70	199.56	798.13	419.07	379.06
Retiree + Spouse	1,050.18	579.85	470.33	1,564.43	668.17	896.26
Retiree + Child(ren)	761.19	451.23	309.96	1,178.27	542.64	635.63
Retiree + Family	1,249.10	668.38	580.72	1,944.57	791.74	1,152.83
Surviving/Unsubsidized Dependent	562.26	-	562.26	798.13	-	798.13
Surviving/Unsubsidized Spouse + Child(ren)	761.19	-	761.19	1,178.27	-	1,178.27

- The state retiree rates listed on this page 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 Plan Year 2019 State and Non-State Retiree Years of Service Subsidy [table on page 9](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium. Do not add more than the base subsidy published above.
- 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 initially hired on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- For those retirees on the PEBP PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$134 from the participant premium.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Active Non-State Employee Rates

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP)			Premier (EPO) Plan and Health Plan of Nevada (HPN)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	1,194.00	-	1,194.00	782.18	-	782.18
Employee + Spouse/DP	2,296.69	-	2,296.69	1,515.75	-	1,515.75
Employee + Child(ren)	1,924.26	-	1,924.26	1,174.71	-	1,174.71
Employee + Family	3,026.94	-	3,026.94	1,908.28	-	1,908.28

-- Subsidies for non-state active employees are determined by the employer and are not published here.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Non-State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO				Statewide EPO/HMO			
	Consumer Driven Health Plan (CDHP)				Premier (EPO) Plan and Health Plan of Nevada (HPN)			
	Unsubsidized Rate	Base Subsidy	SB552 Supp Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	SB552 Supp Subsidy	Participant Premium
Retiree only	1,177.01	813.80	163.65	199.56	765.40	398.00	(11.66)	379.06
Retiree + Spouse	2,279.70	1,389.86	419.51	470.33	1,498.97	630.93	(28.22)	896.26
Retiree + Child(ren)	1,907.27	1,212.52	384.79	309.96	1,157.93	527.69	(5.39)	635.63
Retiree + Family	3,009.95	1,788.58	640.65	580.72	1,891.50	760.62	(21.95)	1,152.83
Surviving/Unsubsidized Dependent	1,177.01	-	-	1,177.01	765.40	-	-	765.40
Surviving/Unsubsidized Spouse + Child(ren)	1,907.27	-	-	1,907.27	1,157.93	-	-	1,157.93

- The non-state retiree rates listed on this page 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 Plan Year 2019 State and Non-State Retiree Years of Service Subsidy [table on page 9](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium. Do not add more than the base subsidy published above.
- For those retirees on the PEBP PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$134 from the participant premium.

Non-State Retiree Eligibility (NAC 287.542, 287.548)

Non-state employees who retired after November 30, 2008 from a **PEBP participating** local governmental entity are eligible to enroll in PEBP retiree coverage. However, if the local government opts to leave the PEBP in the future, the retirees described above must also leave the program.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Active State Employee w/Domestic Partner Rates - CDHP

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO					
	Consumer Driven Health Plan (CDHP)					
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,067.17	547.52	363.61	156.04	31.73	124.31
Employee + DP's Child(ren)	778.18	547.52	148.25	82.41	31.73	50.68
Employee + Children of both	778.18	695.77	-	82.41	82.41	-
Employee + DP + EE's Child(ren)	1,266.09	695.77	363.60	206.72	82.41	124.31
Employee + DP + DP's Child(ren)	1,266.09	547.52	511.85	206.72	31.73	174.99
Employee + DP + Children of both	1,266.09	695.77	363.60	206.72	82.41	124.31

- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy. Refer to the Rate column to determine the premium.
- Pursuant to the Board's decision on Agenda Item V of the November 5, 2009 Board meeting, participants with domestic partners will pay part of their premium through a pre-tax deduction and part of their premium through a post-tax deduction.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Active State Employee w/Domestic Partner Rates - EPO

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide EPO/HMO					
	Premier (EPO) Plan and Health Plan of Nevada (HPN)					
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,581.21	672.48	479.11	429.62	142.43	287.19
Employee + DP's Child(ren)	1,195.05	672.48	237.68	284.89	142.43	142.46
Employee + Children of both	1,195.05	910.16	-	284.89	284.89	-
Employee + DP + EE's Child(ren)	1,961.35	910.16	479.11	572.08	284.89	287.19
Employee + DP + DP's Child(ren)	1,961.35	672.48	716.79	572.08	142.43	429.65
Employee + DP + Children of both	1,961.35	910.16	479.11	572.08	284.89	287.19

- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy. Refer to the Rate column to determine the premium.
- Pursuant to the Board's decision on Agenda Item V of the November 5, 2009 Board meeting, participants with domestic partners will pay part of their premium through a pre-tax deduction and part of their premium through a post-tax deduction.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

State and Non-State Retiree w/Domestic Partner Rates

Monthly Rates Effective July 1, 2018 – June 30, 2019	Statewide PPO				Statewide EPO/HMO			
	Consumer Driven Health Plan (CDHP)				Premier (EPO) Plan and Health Plan of Nevada (HPN)			
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,050.18	362.70	217.15	470.33	1,564.43	419.07	249.10	896.26
Retiree + DP's Child(ren)	761.19	362.70	88.53	309.96	1,178.27	419.07	123.57	635.63
Retiree + Children of both	761.19	451.23	-	309.96	1,178.27	542.64	-	635.63
Retiree + DP + Ret's Child(ren)	1,249.10	451.23	217.15	580.72	1,944.57	542.64	249.10	1,152.83
Retiree + DP + DP's Child(ren)	1,249.10	362.70	305.68	580.72	1,944.57	419.07	372.67	1,152.83
Retiree + DP + Children of both	1,249.10	451.23	217.15	580.72	1,944.57	542.64	249.10	1,152.83

- The state retiree rates listed on this page 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 Plan Year 2019 State and Non-State Retiree Years of Service [Subsidy table on page 9](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium. Do not add more than the base subsidy published above.
- 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 initially hired on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- For those retirees on the PEBP PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$134 from the participant premium.



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

State and Non-State Retiree Years of Service Subsidy

- For participants who retired **before January 1, 1994**, the participant premium for the selected plan and tier is shown on the retiree rate pages.
- For participants who retired **on or after January 1, 1994** add or subtract the appropriate subsidy in the table to the participant premium in the selected plan and tier. Do not add more than the base subsidy in 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 initially hired **on or after January 1, 2012** do not receive a years of service subsidy or Exchange HRA.

PY19 Retirees Enrolled in the CDHP/EPO/HMO Plan	
Years of Service	Subsidy
5	+338.42
6	+304.58
7	+270.74
8	+236.90
9	+203.05
10	+169.21
11	+135.37
12	+101.53
13	+67.68
14	+33.84
15 (base)	—
16	-33.84
17	-67.68
18	-101.53
19	-135.37
20	-169.21



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Exchange - Monthly HRA Contribution	
Medicare Retirees Enrolled in Via Benefits	
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

Medicare Exchange Retiree HRA Contribution

- Exchange participants who retired **before January 1, 1994**, receive the 15 year (base) HRA contribution.
- Exchange participants who retired **on or after January 1, 1994** receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- 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 an HRA contribution.
- Those retirees who were initially hired **on or after January 1, 2012** do not receive an Exchange HRA.

PY19 Monthly Dental Rates

Plan Year 2019 Dental Premium	State Retiree	Non-State Retiree
Retiree Only	\$40.63	\$41.06
Retiree + Spouse/DP	\$81.26	\$82.13
Surviving/Unsubsidized Spouse/DP	\$40.63	\$41.06



Plan Year 2019 Rates
July 1, 2018 – June 30, 2019

Plan Year 2019 COBRA Rates		
Monthly Rates	Consumer Driven Health Plan PPO	PEBP Premier Plan & Health Plan of Nevada
State Employee		
Employee	590.84	831.21
Employee + Spouse/DP	1,088.51	1,612.83
Employee + Child(ren)	793.74	1,218.95
Employee + Family	1,291.41	2,000.58
State Retiree		
Retiree	573.51	814.09
Retiree + Spouse/DP	1,071.18	1,595.72
Retiree + Child(ren)	776.41	1,201.84
Retiree + Family	1,274.08	1,983.46
Spouse/DP Only	573.51	814.09
Spouse/DP + Child(ren)	776.41	1,201.84
Non-State Employee		
Employee	1,217.88	797.82
Employee + Spouse/DP	2,342.62	1,546.07
Employee + Child(ren)	1,962.75	1,198.20
Employee + Family	3,087.48	1,946.45
Non-State Retiree		
Retiree	1,200.55	780.71
Retiree + Spouse/DP	2,325.29	1,528.95
Retiree + Child(ren)	1,945.42	1,181.09
Retiree + Family	3,070.15	1,929.33
Spouse/DP Only	1,200.55	780.71
Spouse/DP + Child(ren)	1,945.42	1,181.09

-- COBRA participants do not qualify for Life Insurance and Long Term Disability.

-- Participants on COBRA do not receive a subsidy.