



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

## Monthly Rates Non-State Retirees and Survivors

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

- 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 Years of Service Subsidy chart on the next page. 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 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 page above.
- 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.

Retiree remaining on PPO, EPO or HMO  
**Example:** Retiree only (age 62), 19 Years of Service,  
 remaining on CDHP PPO

Participant Premium (from previous page): \$199.56

Years of Service Subsidy (from chart to the right): ~~\$-135.37~~

Subtract or Add: (-) or (+)

Medicare Part B credit *(if applicable)*: \$N/A (not yet 65)

**Total Monthly Premium Amount: \$64.19**

PY19 Non-State Retirees Enrolled in the PPO/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