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- All rates are MONTHLY premium rates.
- Each monthly premium pays for coverage for *that same month*, including retirees. Payments are not made in advance.

Active State Employee Rates

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	\$638.60	\$594.66	\$43.94	\$871.86	\$700.81	\$171.05
Employee + Spouse/DP	\$1,228.00	\$1,000.84	\$227.16	\$1,719.07	\$1,201.50	\$517.57
Employee + Child(ren)	\$883.10	\$765.30	\$117.80	\$1,290.63	\$947.40	\$343.23
Employee + Family	\$1,472.50	\$1,171.49	\$301.01	\$2,137.84	\$1,448.10	\$689.74

-- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy and therefore will need to refer to the unsubsidized rate column.

State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Retiree only	\$627.31	\$393.72	\$233.59	\$855.12	\$435.33	\$419.79
Retiree + Spouse	\$1,189.88	\$636.04	\$553.84	\$1,688.57	\$693.60	\$994.97
Retiree + Child(ren)	\$858.18	\$495.52	\$362.66	\$1,268.10	\$562.53	\$705.57
Retiree + Family	\$1,420.75	\$737.84	\$682.91	\$2,101.55	\$820.79	\$1,280.76
Surviving/Unsubsidized Dependent	\$627.31	-	\$627.31	\$855.12	-	\$855.12
Surviving/Unsubsidized Spouse + Child(ren)	\$858.18	-	\$858.18	\$1,268.10	-	\$1,268.10

- 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 2021 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.
- Retirees on the PEBP PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium.

Active Non-State Employee Rates

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	\$1,046.53	-	\$1,046.53	\$837.18	-	\$837.18
Employee + Spouse/DP	\$2,007.19	-	\$2,007.19	\$1,617.28	-	\$1,617.28
Employee + Child(ren)	\$1,682.23	-	\$1,682.23	\$1,251.65	-	\$1,251.65
Employee + Family	\$2,642.91	-	\$2,642.91	\$2,031.74	-	\$2,031.74

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

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.

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

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO				Statewide EPO/HMO			
	Consumer Driven Health Plan (CDHP-PPO)				Premier Plan (EPO) and Health Plan of Nevada (HPN-HMO)			
	Unsubsidized Rate	Base Subsidy	SB552 Supp Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	SB552 Supp Subsidy	Participant Premium
Retiree only	\$1,022.49	\$752.75	\$36.15	\$233.59	\$813.22	\$398.47	-	\$419.79
Retiree + Spouse	\$1,996.52	\$1,346.39	\$96.29	\$553.84	\$1,606.23	\$623.11	-	\$994.97
Retiree + Child(ren)	\$1,667.99	\$1,208.67	\$96.66	\$362.66	\$1,242.97	\$541.11	-	\$705.57
Retiree + Family	\$2,642.03	\$1,802.32	\$156.80	\$682.91	\$2,035.97	\$765.75	-	\$1,280.76
Surviving/Unsubsidized Dependent	\$1,022.49	-	-	\$1,022.49	\$813.22	-	-	\$813.22
Surviving/Unsubsidized Spouse + Child(ren)	\$1,667.99	-	-	\$1,667.99	\$1,242.97	-	-	\$1,242.97

-- 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 2021 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. Non-state 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. Non-State 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 \$135.50 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 PEBP in the future, the retirees described above must also leave the program.

Active State Employee w/Domestic Partner Rates

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO					
	Consumer Driven Health Plan (CDHP-PPO)					
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,228.00	\$594.66	\$406.18	\$227.16	\$43.94	\$183.22
Employee + DP's Child(ren)	\$883.10	\$594.66	\$170.64	\$117.80	\$43.94	\$73.86
Employee + Children of both	\$883.10	\$765.30	-	\$117.80	\$117.80	-
Employee + DP + EE's Child(ren)	\$1,472.50	\$765.30	\$406.19	\$301.01	\$117.80	\$183.21
Employee + DP + DP's Child(ren)	\$1,472.50	\$594.66	\$576.83	\$301.01	\$43.94	\$257.07
Employee + DP + Children of both	\$1,472.50	\$765.30	\$406.19	\$301.01	\$117.80	\$183.21

-- 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.

Active State Employee w/Domestic Partner Rates

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide EPO/HMO					
	Premier Plan (EPO) and Health Plan of Nevada (HPN-HMO)					
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,719.07	\$700.81	\$500.69	\$517.57	\$171.05	\$346.52
Employee + DP's Child(ren)	\$1,290.63	\$700.81	\$246.59	\$343.23	\$171.05	\$172.18
Employee + Children of both	\$1,290.63	\$947.40	-	\$343.23	\$343.23	-
Employee + DP + EE's Child(ren)	\$2,137.84	\$947.40	\$500.70	\$689.74	\$343.23	\$346.51
Employee + DP + DP's Child(ren)	\$2,137.84	\$700.81	\$747.29	\$689.74	\$171.05	\$518.69
Employee + DP + Children of both	\$2,137.84	\$947.40	\$500.70	\$689.74	\$343.23	\$346.51

- 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.

State and Non-State Retiree w/Domestic Partner Rates

Monthly Rates Effective July 1, 2020 – June 30, 2021	Statewide PPO				Statewide EPO/HMO			
	Consumer Driven Health Plan (CDHP-PPO)				Premier Plan (EPO) and Health Plan of Nevada (HPN-HMO)			
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,189.88	\$393.72	\$242.32	\$553.84	\$1,688.57	\$435.33	\$258.27	\$994.97
Retiree + DP's Child(ren)	\$858.18	\$393.72	\$101.80	\$362.66	\$1,268.10	\$435.33	\$127.20	\$705.57
Retiree + Children of both	\$858.18	\$495.52	-	\$362.66	\$1,268.10	\$562.53	-	\$705.57
Retiree + DP + Ret's Child(ren)	\$1,420.75	\$495.52	\$242.32	\$682.91	\$2,101.55	\$562.53	\$258.26	\$1,280.76
Retiree + DP + DP's Child(ren)	\$1,420.75	\$393.72	\$344.12	\$682.91	\$2,101.55	\$435.33	\$385.46	\$1,280.76
Retiree + DP + Children of both	\$1,420.75	\$495.52	\$242.32	\$682.91	\$2,101.55	\$562.53	\$258.26	\$1,280.76

-- 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 2021 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 \$135.50 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.

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.
- Employees hired **after January 1, 2010** who retire with fewer than 15 years of service, and who are not disabled, do not receive a years of service subsidy.
- Employees who were initially hired **on or after January 1, 2012** do not receive a years of service subsidy or Exchange HRA.

PY21 Retirees Enrolled in the PPO/EPO/HMO Plan	
Years of Service	Subsidy
5	+358.61
6	+322.75
7	+286.89
8	+251.03
9	+215.17
10	+179.31
11	+143.45
12	+107.58
13	+71.72
14	+35.86
15 (base)	-
16	-35.86
17	-71.72
18	-107.58
19	-143.45
20	-179.31

Medicare Exchange Retiree HRA Contribution

Exchange - Monthly HRA Contribution Medicare Retirees Enrolled in Via Benefits	
Years of Service	Contribution
5	\$65
6	\$78
7	\$91
8	\$104
9	\$117
10	\$130
11	\$143
12	\$156
13	\$169
14	\$182
15 (base)	\$195
16	\$208
17	\$221
18	\$234
19	\$247
20	\$260

- Participants who retired **before January 1, 1994** receive the 15-year (\$195) base contribution.
- Participants who retired **on or after January 1, 1994**, the contribution is \$13 per month per year of service beginning with 5 years (\$65) to a maximum of 20 years (\$260).
- Employees hired **after January 1, 2010** who retire with fewer than 15 years of service, and who are not disabled, do not receive a years of service subsidy.
- Employees who were initially hired **on or after January 1, 2012** do not receive a years of service subsidy or Exchange HRA.

Monthly Dental Rates

Plan Year 2021 Dental Premium	State Retiree	Non-State Retiree
Retiree Only	\$40.44	\$41.67
Retiree + Spouse/DP	\$80.87	\$83.33
Surviving/Unsubsidized Spouse/DP	\$40.44	\$41.67

Plan Year 2021 COBRA Rates		
Monthly Rates July 1, 2020 – June 30, 2021	Consumer Driven Health Plan (CDHP - PPO)	Premier Plan (EPO) and Health Plan of Nevada (HMO)
State Employee		
Employee	\$651.37	\$889.30
Employee + Spouse/DP	\$1,252.56	\$1,753.45
Employee + Child(ren)	\$900.76	\$1,316.44
Employee + Family	\$1,501.95	\$2,180.60
State Retiree		
Retiree	\$639.85	\$872.22
Retiree + Spouse/DP	\$1,213.67	\$1,722.34
Retiree + Child(ren)	\$875.34	\$1,293.47
Retiree + Family	\$1,449.17	\$2,143.58
Spouse/DP Only	\$639.85	\$872.22
Spouse/DP + Child(ren)	\$875.34	\$1,293.47
Non-State Employee		
Employee	\$1,067.47	\$853.93
Employee + Spouse/DP	\$2,047.33	\$1,649.62
Employee + Child(ren)	\$1,715.88	\$1,276.68
Employee + Family	\$2,695.77	\$2,072.38
Non-State Retiree		
Retiree	\$1,042.94	\$829.49
Retiree + Spouse/DP	\$2,036.45	\$1,638.35
Retiree + Child(ren)	\$1,701.35	\$1,267.83
Retiree + Family	\$2,694.87	\$2,076.69
Spouse/DP Only	\$1,042.94	\$829.49
Spouse/DP + Child(ren)	\$1,701.35	\$1,267.83

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

-- Participants on COBRA do not receive a subsidy.