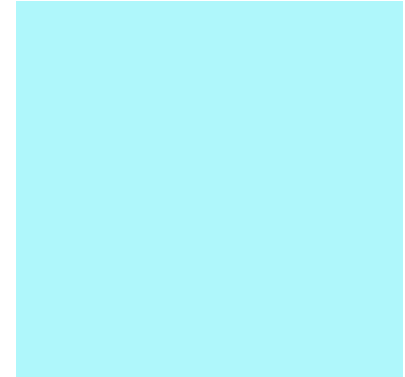


NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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PREMIUM RATES

JULY 1, 2021 – JUNE 30, 2022

PLAN YEAR 2022

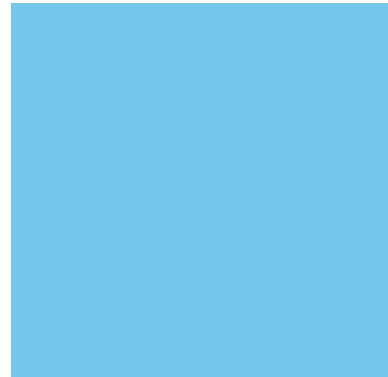


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Active State Employee Rates

Monthly Rates Effective July 1, 2021 - June 30, 2022	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	\$632.57	\$587.94	\$44.63	\$652.21	587.94	\$64.27	\$732.12	587.94	\$144.18
Employee + Spouse/DP	\$1,254.97	\$1,014.20	\$240.77	\$1,294.25	\$1,014.20	\$280.05	\$1,454.07	\$1,014.20	\$439.87
Employee + Child(ren)	\$865.97	\$747.79	\$118.18	\$892.98	\$747.79	\$145.19	\$1,002.85	\$747.79	\$255.06
Employee + Family	\$1,488.37	\$1,174.04	\$314.33	\$1,535.02	\$1,174.04	\$360.98	\$1,724.81	\$1,174.04	\$550.77

-- 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.



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2021 - June 30, 2022	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Retiree only	\$628.36	\$394.08	\$234.28	\$648.00	\$394.08	\$253.92	\$727.91	\$394.08	\$333.83
Retiree + Spouse	\$1,250.76	\$679.79	\$570.97	\$1,290.04	\$679.79	\$610.25	\$1,449.86	\$679.79	\$770.07
Retiree + Child(ren)	\$861.76	\$501.22	\$360.54	\$888.77	\$501.22	\$387.55	\$998.64	\$501.22	\$497.42
Retiree + Family	\$1,484.16	\$786.93	\$697.23	\$1,530.81	\$786.93	\$743.88	\$1,720.60	\$786.93	\$933.67
Surviving/Unsubsidized Dependent	\$628.36	-	\$628.36	\$648.00	-	\$648.00	\$727.91	-	\$727.91
Surviving/Unsubsidized Spouse + Child(ren)	\$861.76	-	\$861.76	\$888.77	-	\$888.77	\$998.64	-	\$998.64

- For participants who retired before January 1, 1994, the participants subsidized premium for the selected plan and tier is shown above.
- For those who retired on or after January 1, 1994, refer to the [Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 do not receive a Years of Service Subsidy or Base Subsidy and do not qualify for a Medicare Exchange HRA unless they retire under a disability.
- 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, LD-PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium. 4



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Active Non-State Employee Rates

Monthly Rates Effective July 1, 2021 - June 30, 2022	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Employee Only	\$986.15	-	\$986.15	\$1,031.91	-	\$1,031.91	\$931.42	-	\$931.42
Employee + Spouse/DP	\$1,962.13	-	\$1,962.13	\$2,053.66	-	\$2,053.66	\$1,852.68	-	\$1,852.68
Employee + Child(ren)	\$1,352.14	-	\$1,352.14	\$1,415.07	-	\$1,415.07	\$1,276.90	-	\$1,276.90
Employee + Family	\$2,328.12	-	\$2,328.12	\$2,436.81	-	\$2,436.81	\$2,198.15	-	\$2,198.15

--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.



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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

Monthly Rates Effective July 1, 2021 - June 30, 2022	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Premier Plan (EPO) and Health Plan of Nevada (HPN – HMO)		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium
Retiree only	\$981.97	\$747.69	\$234.28	\$1,027.70	\$773.78	\$253.92	\$927.22	\$593.39	\$333.83
Retiree + Spouse	\$1,957.92	\$1,386.95	\$570.97	\$2,049.45	\$1,439.20	\$610.25	\$1,848.48	\$1,078.41	\$770.07
Retiree + Child(ren)	\$1,347.93	\$987.39	\$360.54	\$1,410.86	\$1,023.31	\$387.55	\$1,272.69	\$775.27	\$497.42
Retiree + Family	\$2,323.91	\$1,626.68	\$697.23	\$2,432.61	\$1,688.73	\$743.88	\$2,193.95	\$1,260.28	\$933.67
Surviving/Unsubsidized Dependent	\$981.94	-	\$981.94	\$1,027.70	-	\$1,027.70	\$927.22	-	\$927.22
Surviving/Unsubsidized Spouse + Child(ren)	\$1,347.93	-	\$1,347.93	\$1,410.86	-	\$1,410.86	\$1,272.69	-	\$1,272.69

- For participants who retired before January 1, 1994, the participants subsidized premium for the selected plan and tier is shown above.
- For those who retired on or after January 1, 1994, refer to the [Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 do not receive a Years of Service Subsidy or Base Subsidy and do not qualify for a Medicare Exchange HRA unless they retire under a disability.
- 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, LD-PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium.
- [See page 5 \(previous page\)](#) for definition of Non-State Retiree Eligibility per NAC 287.542, 287.548.

Active State Employee w/Domestic Partner Rates

Monthly Rates Effective July 1, 2021 - June 30, 2022	Statewide/Nationwide PPO					
	Consumer Driven Health Plan (CDHP-PPO)					
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,254.97	\$594.35	\$419.85	\$240.77	\$44.63	\$196.14
Employee + DP's Child(ren)	\$865.97	\$590.35	\$157.44	\$118.18	\$44.63	\$73.55
Employee + Children of both	\$865.97	\$747.79	-	\$118.18	\$118.18	-
Employee + DP + EE's Child(ren)	\$1,488.37	\$754.19	\$419.85	\$314.33	\$118.18	\$196.15
Employee + DP + DP's Child(ren)	\$1,488.37	\$596.75	\$577.29	\$314.33	\$44.63	\$269.70
Employee + DP + Children of both	\$1,488.37	\$754.19	\$419.85	\$314.33	\$118.18	\$196.15

-- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy. Refer to the Unsubsidized 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, 2021 - June 30, 2022	Statewide/Nationwide PPO					
	Low Deductible (LD-PPO)					
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,294.25	\$594.35	\$419.85	\$280.05	\$64.27	\$215.78
Employee + DP's Child(ren)	\$892.98	\$590.35	\$157.44	\$145.19	\$64.27	\$80.92
Employee + Children of both	\$892.98	\$747.79	-	\$145.19	\$145.19	-
Employee + DP + EE's Child(ren)	\$1,535.02	\$754.19	\$419.85	\$360.98	\$145.19	\$215.79
Employee + DP + DP's Child(ren)	\$1535.02	\$596.75	\$577.29	\$360.98	\$64.27	\$296.71
Employee + DP + Children of both	\$1,535.02	\$754.19	\$419.85	\$360.98	\$145.19	\$215.79

-- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy. Refer to the Unsubsidized 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, 2021 - June 30, 2022	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	\$1,454.07	\$594.35	\$419.85	\$439.87	\$144.18	\$295.69
Employee + DP's Child(ren)	\$1,002.85	\$590.35	\$157.44	\$255.06	\$144.18	\$110.88
Employee + Children of both	\$1,002.85	\$747.79	-	\$255.06	\$255.06	-
Employee + DP + EE's Child(ren)	\$1,724.81	\$754.19	\$419.85	\$550.77	\$255.06	\$295.71
Employee + DP + DP's Child(ren)	\$1,724.81	\$596.75	\$577.29	\$550.77	\$144.18	\$406.59
Employee + DP + Children of both	\$1,724.81	\$754.19	\$419.85	\$550.77	\$255.06	\$295.71

-- State employees on Leave Without Pay (LWOP), active Legislators and employees on Military leave do not receive a subsidy. Refer to the Unsubsidized 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, 2021 - June 30, 2022	Statewide/Nationwide PPO			
	Consumer Driven Health Plan (CDHP-PPO)			
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	\$1,250.76	\$399.29	\$280.50	\$570.97
Employee + DP's Child(ren)	\$861.76	\$396.03	\$105.19	\$360.54
Employee + Children of both	\$861.76	\$501.22	-	\$360.54
Employee + DP + EE's Child(ren)	\$1,484.16	\$506.43	\$280.50	\$697.23
Employee + DP + DP's Child(ren)	\$1,484.16	\$401.24	\$385.69	\$697.23
Employee + DP + Children of both	\$1,484.16	\$506.43	\$280.50	\$697.23

- For participants who retired before January 1, 1994, the participants subsidized premium for the selected plan and tier is shown above.
- For those who retired on or after January 1, 1994, refer to the [Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 do not receive a Years of Service Subsidy or Base Subsidy and do not qualify for a Medicare Exchange HRA unless they retire under a disability.
- 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, LD-PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium.¹⁰

State and Non-State Retiree w/Domestic Partner Rates

Monthly Rates Effective July 1, 2021 - June 30, 2022	Statewide/Nationwide PPO			
	Low Deductible (LD-PPO)			
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	\$1,290.04	\$399.29	\$280.50	\$610.25
Employee + DP's Child(ren)	\$888.77	\$396.03	\$105.19	\$387.55
Employee + Children of both	\$888.77	\$501.22	-	\$387.55
Employee + DP + EE's Child(ren)	\$1,530.81	\$506.43	\$280.50	\$743.88
Employee + DP + DP's Child(ren)	\$1,530.81	\$401.24	\$385.69	\$743.88
Employee + DP + Children of both	\$1,530.81	\$506.43	\$280.50	\$743.88

- For participants who retired before January 1, 1994, the participants subsidized premium for the selected plan and tier is shown above.
- For those who retired on or after January 1, 1994, refer to the [Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 do not receive a Years of Service Subsidy or Base Subsidy and do not qualify for a Medicare Exchange HRA unless they retire under a disability.
- 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, LD-PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium.¹¹



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State and Non-State Retiree w/Domestic Partner Rates

Monthly Rates Effective July 1, 2021 - June 30, 2022	Statewide EPO/HMO			
	Premier Plan (EPO) and Health Plan of Nevada (HPN-HMO)			
	Unsubsidized Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	\$1,449.86	\$399.29	\$280.50	\$770.07
Employee + DP's Child(ren)	\$998.64	\$396.03	\$105.19	\$497.42
Employee + Children of both	\$998.64	\$501.22	-	\$497.42
Employee + DP + EE's Child(ren)	\$1,720.60	\$506.43	\$280.50	\$933.67
Employee + DP + DP's Child(ren)	\$1,720.60	\$401.24	\$385.69	\$933.37
Employee + DP + Children of both	\$1,720.60	\$506.43	\$280.50	\$933.67

- For participants who retired before January 1, 1994, the participants subsidized premium for the selected plan and tier is shown above.
- For those who retired on or after January 1, 1994, refer to the [Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13](#). Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 do not receive a Years of Service Subsidy or Base Subsidy and do not qualify for a Medicare Exchange HRA unless they retire under a disability.
- 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, LD-PPO, EPO or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the participant premium.¹²

State and Non-State Retiree Years of Service Subsidy

Subsidy amounts shown are for those staying on a PEBP Plan or are not yet eligible for Medicare. Other eligibility requirements apply:

- 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 and do not qualify for a Medicare Exchange HRA.
- Employees who were initially hired **on or after January 1, 2012** do not receive a years of service subsidy or Exchange HRA.

Note: Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

PY22 Retirees Enrolled in the PPO/LD-PPO/EPO/HMO Plan	
Years of Service	Subsidy
5	+353.63
6	+318.26
7	+282.90
8	+247.54
9	+212.18
10	+176.81
11	+141.45
12	+106.09
13	+70.73
14	+35.36
15 (base)	-
16	-35.36
17	-70.73
18	-106.09
19	-141.45
20	-176.81



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Medicare Exchange Retiree HRA Contribution

Exchange – Monthly HRA Contribution Medicare Retirees Enrolled in Via Benefits	
Years of Service	Contribution
5	\$55
6	\$66
7	\$77
8	\$88
9	\$99
10	\$110
11	\$121
12	\$132
13	\$143
14	\$154
15 (base)	\$165
16	\$176
17	\$187
18	\$198
19	\$209
20	\$220

- Participants who retired **before January 1, 1994** receive the 15-year (\$165) base contribution.
- Participants who retired **on or after January 1, 1994**, the contribution is \$11 per month per year of service beginning with 5 years (\$55) to a maximum of 20 years (\$220).
- Employees hired **after January 1, 2010** who retire with fewer than 15 years of service, do not receive a years of service subsidy and do not qualify for a Medicare Exchange HRA .
- Employees who were initially hired **on or after January 1, 2012** do not receive a years of service subsidy or Exchange HRA.

Plan Year 2022 Monthly PEBP Dental Rates Medicare Retirees Enrolled with Via Benefits		
Effective July 1, 2021 – June 30, 2022	State Retiree	Non-State Retiree
Retiree only	\$49.76	\$42.28
Retiree + Spouse/DP*	\$99.52	\$84.56
Surviving/Unsubsidized Spouse/DP*	\$49.76	\$42.28

**Spouse/DP must also be enrolled in a medical plan through Via Benefits in order to elect PEBP dental.*



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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Plan Year 2022 COBRA Rates

--COBRA participants do not qualify for Life Insurance.
 --COBRA participants do not receive a subsidy.

Monthly Rates
 July 1, 2021 – June 30, 2022

Nationwide PPO

Nationwide PPO

Statewide EPO/HMO

Consumer Driven Health Plan
 (CDHP - PPO)

Low Deductible (LD-PPO)

Premier Plan (EPO) and
 Health Plan of Nevada (HPN-HMO)

State Employee

Employee	\$645.22	\$665.25	\$746.76
Employee + Spouse/DP	\$1,280.07	\$1,320.14	\$1,483.15
Employee + Child(ren)	\$883.29	\$910.84	\$1,022.91
Employee + Family	\$1,518.14	\$1,565.72	\$1,759.31

State Retiree

Retiree	\$640.93	\$660.96	\$742.47
Retiree + Spouse/DP	\$1,275.78	\$1,315.84	\$1,478.86
Retiree + Child(ren)	\$879.00	\$906.55	\$1,018.61
Retiree + Family	\$1,513.85	\$1,561.43	\$1,755.01
Spouse/DP Only	\$640.93	\$660.96	\$742.47
Spouse/DP + Child(ren)	\$879.00	\$906.55	\$1,018.61

Non-State Employee

Employee	\$1,005.87	\$1,052.55	\$950.05
Employee + Spouse/DP	\$2,001.37	\$2,094.73	\$1,889.73
Employee + Child(ren)	\$1,379.18	\$1,443.37	\$1,302.44
Employee + Family	\$2,374.68	\$2,485.55	\$2,242.11

Non-State Retiree

Retiree	\$1,001.61	\$1,048.25	\$945.76
Retiree + Spouse/DP	\$1,997.08	\$2,090.44	\$1,885.45
Retiree + Child(ren)	\$1,374.89	\$1,439.08	\$1,298.14
Retiree + Family	\$2,370.39	\$2,485.55	\$2,237.83
Spouse/DP Only	\$1,001.61	\$1,048.25	\$945.76
Spouse/DP + Child(ren)	\$1,374.89	\$1,439.08	\$1,298.14