

**State of Nevada
Public Employees' Benefits Program**

**Plan Year 2011 Rates
Effective July 1, 2010**

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PY 2011 State Rates - Active Employees

State Active Employees	Statewide Self-funded PPO				Northern HMO				Southern HMO			
	\$800 Deductible Health Plan				Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Employee Only	624.66	580.93	-	43.73	718.83	611.01	43.13	64.69	365.40	310.59	-	54.81
Employee + Spouse	1,502.36	1,223.52	-	278.84	1,615.83	1,212.00	10.26	393.57	722.09	549.57	-	172.52
Employee + Child(ren)	765.77	684.24	-	81.53	812.18	673.55	-	138.63	618.27	480.01	-	138.26
Employee + Family	1,189.92	994.78	-	195.14	1,307.02	1,005.09	-	301.93	972.25	717.18	-	255.07

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

PY 2011 State Rates - Retirees without Medicare

State Retirees Non-Medicare	Statewide Self-funded PPO				Northern HMO				Southern HMO			
	\$800 Deductible Health Plan				Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree only	609.98	392.27	-	217.71	704.15	429.53	-	274.62	350.72	213.94	-	136.78
Retiree + Spouse	1,487.68	765.67	-	722.01	1,601.15	797.30	47.56	756.29	707.41	360.18	-	347.23
Retiree + Child(ren)	751.09	452.30	-	298.79	797.50	467.81	-	329.69	603.59	317.62	-	285.97
Retiree + Family	1,175.24	632.75	-	542.49	1,292.34	670.69	-	621.65	957.57	462.75	-	494.82
Surviving Spouse	603.74	-	-	603.74	697.91	-	33.34	664.57	344.48	-	-	344.48
Surviving Spouse + Child(ren)	744.85	-	-	744.85	791.26	-	-	791.26	597.35	-	-	597.35

- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 State Rates - Retirees with Medicare

State Retirees With Medicare	Statewide Self-funded PPO				Northern HMO				Southern HMO			
	\$800 Deductible Health Plan				Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree only	283.55	182.35	-	101.20	439.22	267.92	-	171.30	194.17	118.44	-	75.73
Retiree + Spouse	689.38	355.00	-	334.38	1,000.39	498.00	74.82	427.57	388.04	197.93	-	190.11
Retiree + Child(ren)	434.56	246.59	-	187.97	532.57	306.20	-	226.37	447.97	222.50	-	225.47
Retiree + Family	655.82	340.72	-	315.10	691.58	371.39	-	320.19	639.10	300.87	-	338.23
Surviving Spouse	277.31	-	-	277.31	432.98	-	51.35	381.63	187.93	-	-	187.93
Surviving Spouse + Child(ren)	428.32	-	-	428.32	526.33	-	46.96	479.37	441.73	-	-	441.73
Participant + Spouse 1 w/ Medicare, 1w/o	935.55	459.72	-	475.83	1,336.22	635.69	69.08	631.45	552.09	265.19	-	286.90
Participant + Family 1 w/ Medicare, 1w/o	1,020.00	495.65	-	524.35	1,027.41	509.08	-	518.33	803.16	368.13	-	435.03

-- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.

-- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 State Rates - Retirees on Medicare Advantage

State Retirees With Medicare	Northern HMO				Southern HMO			
	Senior Care Plus				Senior Dimensions Retiree Choice Plus			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree only	96.84	59.07	-	37.77	161.34	98.42	-	62.92
Retiree + Spouse	183.95	94.79	-	89.16	303.45	156.68	-	146.77
Retiree + Child(ren)	190.19	97.35	-	92.84	409.86	200.31	-	209.55
Retiree + Family	283.52	135.61	-	147.91	548.38	257.10	-	291.28
Surviving Spouse	90.60	-	-	90.60	155.10	-	-	155.10
Surviving Spouse + Child(ren)	183.95	-	-	183.95	403.62	-	-	403.62
Participant + Spouse 1 w/ Medicare, 1w/o	791.26	343.78	-	447.48	512.32	242.32	-	270.00
Participant + Family 1 w/ Medicare, 1w/o	890.83	384.61	-	506.22	758.14	343.11	-	415.03

- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 Non-State Rates - Active Employees

Non-State Active Employees	Statewide Self-funded PPO			Northern HMO			Southern HMO		
	\$800 Deductible Health Plan			Hometown Health Plan			Health Plan of Nevada		
	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium
Employee Only	860.94	-	860.94	818.93	41.79	777.14	364.26	-	364.26
Employee + Spouse/DP	1,541.39	-	1,541.39	1,846.41	124.75	1,721.66	719.76	-	719.76
Employee + Child(ren)	815.52	-	815.52	926.02	-	926.02	616.23	-	616.23
Employee + Family	1,458.64	55.55	1,403.09	1,490.08	-	1,490.08	969.03	-	969.03

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

PY 2011 Non-State Rates - Retirees without Medicare

Non-State Retirees Non-Medicare	Statewide Self-funded PPO			Northern HMO			Southern HMO		
	\$800 Deductible Health Plan			Hometown Health Plan			Health Plan of Nevada		
	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium
Retiree only	846.26	18.50	827.76	804.25	67.37	736.88	349.58	-	349.58
Retiree + Spouse/DP	1,526.71	-	1,526.71	1,831.73	152.51	1,679.22	705.08	-	705.08
Retiree + Child(ren)	800.84	-	800.84	911.34	-	911.34	601.55	-	601.55
Retiree + Family	1,443.96	98.94	1,345.02	1,475.40	-	1,475.40	954.35	-	954.35
Surviving Spouse/DP	840.02	-	840.02	798.01	43.01	755.00	343.34	-	343.34
Surviving Spouse/DP + Child(ren)	794.60	-	794.60	905.10	-	905.10	595.31	-	595.31

- The non-state retiree rates listed above are unsubsidized rates.
- For those who retired prior to January 1, 1994, subtract \$344.30.
- For those who retired on or after January 1, 1994, refer to the PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and subtract the corresponding subsidy from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 Non-State Rates - Retirees with Medicare

Non-State Retirees With Medicare	Statewide Self-funded PPO			Northern HMO			Southern HMO		
	\$800 Deductible Health Plan			Hometown Health Plan			Health Plan of Nevada		
	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium
Retiree only	320.53	-	320.53	504.29	54.49	449.80	193.49	-	193.49
Retiree + Spouse/DP	657.33	-	657.33	1,150.27	211.26	939.01	386.65	-	386.65
Retiree + Child(ren)	340.11	-	340.11	611.38	67.08	544.30	446.40	-	446.40
Retiree + Family	705.70	-	705.70	793.94	-	793.94	636.84	-	636.84
Surviving Spouse/DP	314.29	-	314.29	498.05	72.07	425.98	187.25	-	187.25
Surviving Spouse/DP + Child(ren)	333.87	-	333.87	605.14	67.63	537.51	440.16	-	440.16
Participant + Spouse/DP 1 w/ Medicare, 1w/o	1,116.55	-	1,116.55	1,531.77	206.31	1,325.46	550.22	-	550.22
Participant + Family 1 w/ Medicare, 1w/o	1,168.42	65.02	1,103.40	1,175.44	-	1,175.44	800.40	-	800.40

- The non-state retiree rates listed above are unsubsidized rates.
- For those who retired prior to January 1, 1994, subtract \$344.30.
- For those who retired on or after January 1, 1994, refer to the PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and subtract the corresponding subsidy from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 Non-State Rates - Retirees on Medicare Advantage

Non-State Retirees With Medicare	Northern HMO			Southern HMO		
	Senior Care Plus			Senior Dimensions Retiree Choice Plus		
	Rate	Supp Subsidy	Participant Premium	Rate	Supp Subsidy	Participant Premium
Retiree only	96.84	-	96.84	161.34	-	161.34
Retiree + Spouse/DP	183.95	-	183.95	303.45	-	303.45
Retiree + Child(ren)	203.93	-	203.93	408.96	-	408.96
Retiree + Family	297.26	-	297.26	548.38	54.10	494.28
Surviving Spouse/DP	90.60	-	90.60	155.10	-	155.10
Surviving Spouse/DP + Child(ren)	197.69	-	197.69	402.72	-	402.72
Participant + Spouse/DP 1 w/	891.36	21.70	869.66	511.13	-	511.13
Participant + Family 1 w/ Medicare,	1,004.67	-	1,004.67	756.06	16.33	739.73

- The non-state retiree rates listed above are unsubsidized rates.
- For those who retired prior to January 1, 1994, subtract \$344.30.
- For those who retired on or after January 1, 1994, refer to the PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and subtract the corresponding subsidy from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 State Domestic Partner Rates - Active Employees

State Active Employees	Statewide Self-funded PPO					
	\$800 Deductible Health Plan					
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,502.36	580.93	-	921.43	43.73	877.70
Employee + DP's Child(ren)	765.77	580.93	-	184.84	43.73	141.11
Employee + Children of both	765.77	684.24	-	81.53	81.53	-
Employee + DP + EE's Child(ren)	1,189.92	684.24	-	505.68	81.53	424.15
Employee + DP + DP's Child(ren)	1,189.92	580.93	-	608.99	43.73	565.26
Employee + DP + Children of both	1,189.92	684.24	-	505.68	81.53	424.15

State Active Employees	Northern HMO					
	Hometown Health Plan					
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,615.83	611.01	10.26	994.56	64.69	929.87
Employee + DP's Child(ren)	812.18	611.01	-	201.17	64.69	136.48
Employee + Children of both	812.18	673.55	-	138.63	138.63	-
Employee + DP + EE's Child(ren)	1,307.02	673.55	-	633.47	138.63	494.84
Employee + DP + DP's Child(ren)	1,307.02	611.01	-	696.01	64.69	631.32
Employee + DP + Children of both	1,307.02	673.55	-	633.47	138.63	494.84

State Active Employees	Southern HMO					
	Health Plan of Nevada					
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	722.09	310.59	-	411.50	54.81	356.69
Employee + DP's Child(ren)	618.27	310.59	-	307.68	54.81	252.87
Employee + Children of both	618.27	480.01	-	138.26	138.26	-
Employee + DP + EE's Child(ren)	972.25	480.01	-	492.24	138.26	353.98
Employee + DP + DP's Child(ren)	972.25	310.59	-	661.66	54.81	606.85
Employee + DP + Children of both	972.25	480.01	-	492.24	138.26	353.98

- State employees on Leave Without Pay, active Legislators and employees on Military leave do not receive a subsidy. Refer to the Rate column to determine the premium.
- Pursuant to regulation R016-08, domestic partners and their dependents do not receive a subsidy.
- 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.

PY 2011 State Domestic Partner Rates - Retirees without Medicare

State Retirees Non-Medicare	Statewide Self-funded PPO				Northern HMO				Southern HMO			
	\$800 Deductible Health Plan				Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree + DP	1,487.68	392.27	-	1,095.41	1,601.15	429.53	47.56	1,124.06	707.41	213.94	-	493.47
Retiree + DP's Child(ren)	751.09	392.27	-	358.82	797.50	429.53	-	367.97	603.59	213.94	-	389.65
Retiree + Children of both	751.09	452.30	-	298.79	797.50	467.81	-	329.69	603.59	317.62	-	285.97
Retiree + DP + Ret's Child(ren)	1,175.24	452.30	-	722.94	1,292.34	467.81	-	824.53	957.57	317.62	-	639.95
Retiree + DP + DP's Child(ren)	1,175.24	392.27	-	782.97	1,292.34	429.53	-	862.81	957.57	213.94	-	743.63
Retiree + DP + Children of both	1,175.24	452.30	-	722.94	1,292.34	467.81	-	824.53	957.57	317.62	-	639.95

- Pursuant to regulation R016-08, domestic partners and their dependents do not receive a state subsidy.
- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 State Domestic Partner Rates - Retirees with Medicare

State Retirees With Medicare	Statewide Self-funded PPO				Northern HMO				Southern HMO			
	\$800 Deductible Health Plan				Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree + DP	689.38	182.35	-	507.03	1,000.39	267.92	74.82	657.65	388.04	118.44	-	269.60
Retiree + DP's Child(ren)	434.56	182.35	-	252.21	532.57	267.92	-	264.65	447.97	118.44	-	329.53
Retiree + Children of both	434.56	246.59	-	187.97	532.57	306.20	-	226.37	447.97	222.50	-	225.47
Retiree + DP + Ret's Child(ren)	655.82	246.59	-	409.23	691.58	306.20	-	385.38	639.10	222.50	-	416.60
Retiree + DP + DP's Child(ren)	655.82	182.35	-	473.47	691.58	267.92	-	423.66	639.10	118.44	-	520.66
Retiree + DP + Children of both	655.82	246.59	-	409.23	691.58	306.20	-	385.38	639.10	222.50	-	416.60
Retiree + DP, Ret w/ Medicare, DP w/o	935.55	182.35	-	753.20	1,336.22	267.92	69.08	999.22	552.09	118.44	-	433.65
Retiree + DP, DP w/ Medicare, Ret w/o	935.55	392.27	-	543.28	1,336.22	429.53	69.08	837.61	552.09	213.94	-	338.15
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o	1,020.00	246.59	-	773.41	1,027.41	306.20	-	721.21	803.16	222.50	-	580.66
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o	1,020.00	452.30	-	567.70	1,027.41	467.81	-	559.60	803.16	317.62	-	485.54
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o	1,020.00	182.35	-	837.65	1,027.41	267.92	-	759.49	803.16	118.44	-	684.72
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o	1,020.00	392.27	-	627.73	1,027.41	429.53	-	597.88	803.16	213.94	-	589.22
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o	1,020.00	246.59	-	773.41	1,027.41	306.20	-	721.21	803.16	222.50	-	580.66
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o	1,020.00	452.30	-	567.70	1,027.41	467.81	-	559.60	803.16	317.62	-	485.54

- Pursuant to regulation R016-08, domestic partners and their dependents do not receive a state subsidy.
- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 State Domestic Partner Rates - Retirees on Medicare Advantage

State Retirees With Medicare	Northern HMO				Southern HMO			
	Senior Care Plus				Senior Dimensions Retiree Choice Plus			
	Rate	Base Subsidy	Supp Subsidy	Participant Premium	Rate	Base Subsidy	Supp Subsidy	Participant Premium
Retiree + DP	183.95	59.07	-	124.88	303.45	98.42	-	205.03
Retiree + DP's Child(ren)	190.19	59.07	-	131.12	409.86	98.42	-	311.44
Retiree + Children of both	190.19	97.35	-	92.84	409.86	200.31	-	209.55
Retiree + DP + Ret's Child(ren)	283.52	97.35	-	186.17	548.38	200.31	-	348.07
Retiree + DP + DP's Child(ren)	283.52	59.07	-	224.45	548.38	98.42	-	449.96
Retiree + DP + Children of both	283.52	97.35	-	186.17	548.38	200.31	-	348.07
Retiree + DP, Ret w/ Medicare, DP w/o	791.26	59.07	-	732.19	512.32	98.42	-	413.90
Retiree + DP, DP w/ Medicare, Ret w/o	791.26	429.53	-	361.73	512.32	213.94	-	298.38
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o	890.83	97.35	-	793.48	758.14	200.31	-	557.83
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o	890.83	467.81	-	423.02	758.14	317.62	-	440.52
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o	890.83	59.07	-	831.76	758.14	98.42	-	659.72
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o	890.83	429.53	-	461.30	758.14	213.94	-	544.20
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o	890.83	97.35	-	793.48	758.14	200.31	-	557.83
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o	890.83	467.81	-	423.02	758.14	317.62	-	440.52

- Pursuant to regulation R016-08, domestic partners and their dependents do not receive a state subsidy.
- 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 PY 2011 Retiree Years of Service Subsidy table on page 14. Locate your years of service and add or subtract the corresponding subsidy to or from the participant premium.
- Reinstated retirees do not qualify for life coverage. Subtract \$6.24 to determine your final premium.

PY 2011 Retiree Years of Service Subsidy

YOS	State	Non-State
5	+258.23	-86.08
6	+232.40	-111.90
7	+206.58	-137.72
8	+180.76	-163.54
9	+154.94	-189.37
10	+129.11	-215.19
11	+103.29	-241.01
12	+77.47	-266.83
13	+51.65	-292.66
14	+25.82	-318.48
15	-	-344.30
16	-25.82	-370.12
17	-51.65	-395.95
18	-77.47	-421.77
19	-103.29	-447.59
20	-129.11	-473.41

-- For participants who retired before January 1, 1994, subtract the 15 year subsidy from the participant premium in the selected plan and tier.

-- For participants who retired on or after January 1, 1994, add or subtract the appropriate subsidy above 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.

PY 2011 COBRA Rates

	Medical, Pharmacy & Dental			Medical & Pharmacy		
	Self-funded PPO Plan	Northern HMO	Southern HMO	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada	\$800 Deductible	Hometown Health	Health Plan of Nevada
State Employee or Non-Medicare Retiree						
Participant	615.81	711.86	351.36	576.13	672.18	311.68
Participant + Spouse/DP	1,511.06	1,626.80	715.19	1,443.73	1,559.47	647.86
Participant + Child(ren)	759.74	807.08	609.29	718.28	765.62	567.83
Participant + Family	1,192.38	1,311.82	970.35	1,116.92	1,236.36	894.89
State Medicare Retiree						
Participant	282.85	441.63	191.68	243.17	401.95	152.00
Participant + Spouse/DP	696.80	1,014.03	389.43	629.47	946.70	322.10
Participant + Child(ren)	436.88	536.85	450.56	395.42	495.39	409.10
Participant + Family	662.57	699.04	645.51	587.11	623.58	570.05
Non-State Employee or Non-Medicare Retiree						
Participant	856.82	813.97	350.20	817.14	774.29	310.52
Participant + Spouse/DP	1,550.87	1,861.99	712.81	1,483.54	1,794.66	645.48
Participant + Child(ren)	810.49	923.20	607.21	769.02	881.73	565.74
Participant + Family	1,466.47	1,498.54	967.07	1,391.01	1,423.08	891.61
Non-State Medicare Retiree						
Participant	320.57	508.01	190.99	280.89	468.33	151.31
Participant + Spouse/DP	664.11	1,166.91	388.01	596.78	1,099.58	320.68
Participant + Child(ren)	340.54	617.24	448.96	299.08	575.78	407.50
Participant + Family	713.44	803.45	643.21	637.98	727.99	567.75

-- COBRA participants do not qualify for Life, Long Term Disability and Accidental Death and Dismemberment coverage.

-- Participants on Regular COBRA do not receive a subsidy.

PY 2011 Subsidized COBRA Rates

	Statewide Self-funded PPO			Northern HMO			Southern HMO		
	\$800 Deductible			Hometown Health			Health Plan of Nevada		
	Rate	Federal Subsidy	Participant Share	Rate	Federal Subsidy	Participant Share	Rate	Federal Subsidy	Participant Share
State Employee									
Participant	615.81	400.28	215.53	711.86	462.71	249.15	351.36	228.38	122.98
Participant + Spouse/DP	1,511.06	982.19	528.87	1,626.80	1,057.42	569.38	715.19	464.87	250.32
Participant + Child(ren)	759.74	493.83	265.91	807.08	524.60	282.48	609.29	396.04	213.25
Participant + Family	1,192.38	775.05	417.33	1,311.82	852.68	459.14	970.35	630.73	339.62
Non-State Employee									
Participant	856.82	556.93	299.89	813.97	529.08	284.89	350.20	227.63	122.57
Participant + Spouse/DP	1,550.87	1,008.07	542.80	1,861.99	1,210.29	651.70	712.81	463.33	249.48
Participant + Child(ren)	810.49	526.82	283.67	923.20	600.08	323.12	607.21	394.69	212.52
Participant + Family	1,466.47	953.21	513.26	1,498.54	974.05	524.49	967.07	628.60	338.47

- Employees involuntarily terminated between September 1, 2008 and February 28, 2010 who elect Subsidized COBRA receive a 65% subsidy paid for by the Federal Government.
- Subsidized COBRA participants must remain in the same plan and tier as they had when they were terminated.