

COBRA Rates *

Public Employees' Benefits Program

Effective July 1, 2008

	<i>Medical, Pharmacy & Dental</i>				<i>Medical & Pharmacy</i>			
	Self-funded PPO Plan		Northern HMO	Southern HMO	Self-funded PPO Plan		Northern HMO	Southern HMO
	High Deductible Plan	Low Deductible Plan	Hometown Health	Health Plan of Nevada	High Deductible Plan	Low Deductible Plan	Hometown Health	Health Plan of Nevada
State Employee or Non-Medicare Retiree								
Participant	\$ 491.46	\$ 550.53	\$ 535.68	\$ 328.53	\$ 449.76	\$ 508.84	\$ 493.99	\$ 286.84
Participant + Spouse	\$ 1,158.37	\$ 1,299.42	\$ 1,214.08	\$ 677.59	\$ 1,060.71	\$ 1,201.75	\$ 1,116.41	\$ 579.92
Participant + Child(ren)	\$ 561.42	\$ 627.54	\$ 717.15	\$ 558.26	\$ 513.30	\$ 579.43	\$ 669.03	\$ 510.14
Participant + Family	\$ 912.01	\$ 1,020.17	\$ 1,214.60	\$ 874.05	\$ 833.28	\$ 941.44	\$ 1,135.86	\$ 795.32
State Medicare Retiree								
Participant	\$ 288.68	\$ 314.25	\$ 293.78	\$ 216.88	\$ 246.98	\$ 272.56	\$ 252.08	\$ 175.19
Participant + Spouse	\$ 671.51	\$ 732.09	\$ 662.54	\$ 448.70	\$ 573.84	\$ 634.43	\$ 564.88	\$ 351.03
Participant + Child(ren)	\$ 422.33	\$ 465.47	\$ 388.17	\$ 446.61	\$ 374.21	\$ 417.35	\$ 340.05	\$ 398.49
Participant + Family	\$ 613.05	\$ 671.80	\$ 653.38	\$ 645.16	\$ 534.32	\$ 593.07	\$ 574.65	\$ 566.43
Non-State Employee or Non-Medicare Retiree								
Participant	\$ 691.79	\$ 744.56	\$ 607.03	\$ 325.94	\$ 651.69	\$ 704.45	\$ 566.93	\$ 285.83
Participant + Spouse	\$ 1,300.28	\$ 1,400.87	\$ 1,356.19	\$ 651.35	\$ 1,226.79	\$ 1,327.38	\$ 1,282.71	\$ 577.87
Participant + Child(ren)	\$ 650.69	\$ 698.46	\$ 808.38	\$ 548.49	\$ 610.55	\$ 658.32	\$ 768.25	\$ 508.36
Participant + Family	\$ 1,097.33	\$ 1,177.78	\$ 1,374.64	\$ 862.04	\$ 1,027.76	\$ 1,108.22	\$ 1,305.08	\$ 792.47
Non-State Medicare Retiree								
Participant	\$ 323.15	\$ 338.23	\$ 328.85	\$ 214.69	\$ 283.04	\$ 298.13	\$ 288.74	\$ 174.58
Participant + Spouse	\$ 655.41	\$ 690.09	\$ 721.93	\$ 423.29	\$ 581.93	\$ 616.61	\$ 648.44	\$ 349.81
Participant + Child(ren)	\$ 337.07	\$ 352.78	\$ 430.04	\$ 437.24	\$ 296.93	\$ 312.64	\$ 389.91	\$ 397.11
Participant + Family	\$ 669.77	\$ 706.53	\$ 729.26	\$ 633.98	\$ 600.20	\$ 636.97	\$ 659.69	\$ 564.41