

State of Nevada Public Employees' Benefits Program
State Rates - Plan Year 2009

State Actives	Statewide PPO							
	High Deductible Health Plan				Low Deductible Health Plan			
	Rate	Base Subsidy	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Employee Only	\$ 502.50	\$ 502.50	\$ -	\$ -	\$ 560.42	\$ 532.40	\$ -	\$ 28.02
Employee + Spouse	\$ 1,156.34	\$ 1,058.26	\$ -	\$ 98.08	\$ 1,294.62	\$ 1,083.05	\$ -	\$ 211.57
Employee + Child(ren)	\$ 571.09	\$ 560.80	\$ -	\$ 10.29	\$ 635.92	\$ 589.02	\$ -	\$ 46.90
Employee + Family	\$ 914.81	\$ 852.96	\$ -	\$ 61.85	\$ 1,020.85	\$ 877.72	\$ -	\$ 143.13

State Actives	Northern HMO				Southern HMO			
	Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Employee Only	\$ 545.86	\$ 518.57	\$ -	\$ 27.29	\$ 342.77	\$ 325.63	\$ -	\$ 17.14
Employee + Spouse	\$ 1,210.95	\$ 1,017.38	\$ -	\$ 193.57	\$ 684.98	\$ 582.29	\$ -	\$ 102.69
Employee + Child(ren)	\$ 723.77	\$ 652.00	\$ -	\$ 71.77	\$ 567.99	\$ 494.55	\$ -	\$ 73.44
Employee + Family	\$ 1,211.46	\$ 1,017.77	\$ -	\$ 193.69	\$ 877.59	\$ 726.75	\$ -	\$ 150.84

State of Nevada Public Employees' Benefits Program
State Rates - Plan Year 2009

State Retirees Non-Medicare	Statewide PPO							
	High Deductible Health Plan				Low Deductible Health Plan			
	Rate	Base Subsidy	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Retiree only	\$ 488.06	\$ 356.28	\$ -	\$ 131.78	\$ 545.98	\$ 365.81	\$ -	\$ 180.17
Retiree + Spouse	\$ 1,141.90	\$ 689.74	\$ -	\$ 452.16	\$ 1,280.18	\$ 696.20	\$ -	\$ 583.98
Retiree + Child(ren)	\$ 556.65	\$ 391.26	\$ -	\$ 165.39	\$ 621.48	\$ 399.78	\$ -	\$ 221.70
Retiree + Family	\$ 900.37	\$ 566.56	\$ -	\$ 333.81	\$ 1,006.41	\$ 573.00	\$ -	\$ 433.41
Surviving Spouse	\$ 481.82	\$ -	\$ -	\$ 481.82	\$ 539.74	\$ -	\$ -	\$ 539.74
Surviving Spouse + Child(ren)	\$ 550.41	\$ -	\$ -	\$ 550.41	\$ 615.24	\$ -	\$ -	\$ 615.24

State Retirees Non-Medicare	Northern HMO				Southern HMO			
	Hometown Health Plan				Health Plan of Nevada			
	Rate	Base Subsidy	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Retiree only	\$ 531.42	\$ 356.05	\$ -	\$ 175.37	\$ 328.33	\$ 219.98	\$ -	\$ 108.35
Retiree + Spouse	\$ 1,196.51	\$ 655.34	\$ -	\$ 541.17	\$ 670.54	\$ 373.98	\$ -	\$ 296.56
Retiree + Child(ren)	\$ 709.33	\$ 436.11	\$ -	\$ 273.22	\$ 553.55	\$ 321.33	\$ -	\$ 232.22
Retiree + Family	\$ 1,197.02	\$ 655.57	\$ -	\$ 541.45	\$ 863.15	\$ 460.65	\$ -	\$ 402.50
Surviving Spouse	\$ 525.18	\$ -	\$ -	\$ 525.18	\$ 322.09	\$ -	\$ -	\$ 322.09
Surviving Spouse + Child(ren)	\$ 703.09	\$ -	\$ -	\$ 703.09	\$ 547.31	\$ -	\$ -	\$ 547.31

State of Nevada Public Employees' Benefits Program
State Rates - Plan Year 2009

State Retirees With Medicare	Statewide PPO									
	High Deductible Health Plan					Low Deductible Health Plan				
	Rate	Base Subsidy	Part D Credit	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Part D Credit	Supp Subsidy	Partic Premium
Retiree only	\$ 289.26	\$ 211.16	\$ 30.28	\$ -	\$ 47.82	\$ 314.33	\$ 210.60	\$ 30.28	\$ -	\$ 73.45
Retiree + Spouse	\$ 664.58	\$ 402.57	\$ 60.56	\$ -	\$ 201.45	\$ 723.98	\$ 394.94	\$ 60.56	\$ -	\$ 268.48
Retiree + Child(ren)	\$ 420.29	\$ 277.99	\$ 30.28	\$ -	\$ 112.02	\$ 462.58	\$ 277.31	\$ 30.28	\$ -	\$ 154.99
Retiree + Family	\$ 607.27	\$ 373.34	\$ 60.56	\$ 31.32	\$ 142.05	\$ 664.87	\$ 368.34	\$ 60.56	\$ -	\$ 235.97
Surviving Spouse	\$ 283.02	\$ -	\$ 30.28	\$ -	\$ 252.74	\$ 308.09	\$ -	\$ 30.28	\$ -	\$ 277.81
Surviving Spouse + Child(ren)	\$ 414.05	\$ -	\$ 30.28	\$ -	\$ 383.77	\$ 456.34	\$ -	\$ 30.28	\$ -	\$ 426.06
Retiree + Spouse 1 w/ and 1 w/c	\$ 807.34	\$ 475.38	\$ 30.28	\$ -	\$ 301.68	\$ 890.33	\$ 469.80	\$ 30.28	\$ -	\$ 390.25
Retire + Family 1 w/ and 1 w/o	\$ 862.44	\$ 503.48	\$ 30.28	\$ 65.53	\$ 263.15	\$ 962.66	\$ 502.35	\$ 30.28	\$ 66.27	\$ 363.76

State Retirees With Medicare	Statewide PPO				
	Value Plan				
	Rate	Base Subsidy	Part D Credit	Supp Subsidy	Partic Premium
Retiree only	\$ 128.03	\$ 85.78	\$ 30.28	\$ -	\$ 11.97
Retiree + Spouse	\$ 326.44	\$ 175.06	\$ 60.56	\$ -	\$ 90.82
Retiree + Child(ren)	\$ 150.80	\$ 96.03	\$ 30.28	\$ -	\$ 24.49
Retiree + Family	\$ 259.33	\$ 144.87	\$ 60.56	\$ -	\$ 53.90
Surviving Spouse	\$ 128.03	\$ -	\$ 30.28	\$ -	\$ 97.75
Surviving Spouse + Child(ren)	\$ 150.80	\$ -	\$ 30.28	\$ -	\$ 120.52
Retiree + Spouse 1 w/ and 1 w/c	\$ 326.44	\$ 175.06	\$ 30.28	\$ -	\$ 121.10
Retire + Family 1 w/ and 1 w/o	\$ 259.33	\$ 144.87	\$ 30.28	\$ -	\$ 84.18

State of Nevada Public Employees' Benefits Program
State Rates - Plan Year 2009

State Retirees With Medicare	Northern HMO								
	Hometown Health Plan					Senior Care Plus			
	Rate	Base Subsidy	Part D Credit	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Retiree only	\$ 294.26	\$ 197.15	\$ 30.28	\$ -	\$ 66.83	\$ 79.68	\$ 53.39	\$ -	\$ 26.29
Retiree + Spouse	\$ 655.79	\$ 359.84	\$ 60.56	\$ -	\$ 235.39	\$ 159.55	\$ 89.33	\$ -	\$ 70.22
Retiree + Child(ren)	\$ 386.80	\$ 238.80	\$ 30.28	\$ -	\$ 117.72	\$ 498.57	\$ 241.89	\$ -	\$ 256.68
Retiree + Family	\$ 646.81	\$ 355.80	\$ 60.56	\$ -	\$ 230.45	\$ 676.17	\$ 321.81	\$ -	\$ 354.36
Surviving Spouse	\$ 288.02	\$ -	\$ 30.28	\$ -	\$ 257.74	\$ 73.44	\$ -	\$ -	\$ 73.44
Surviving Spouse + Child(ren)	\$ 380.56	\$ -	\$ 30.28	\$ -	\$ 350.28	\$ 492.33	\$ -	\$ -	\$ 492.33
Retiree + Spouse 1 w/ and 1 w/o	\$ 926.13	\$ 481.50	\$ 30.28	\$ -	\$ 414.35	\$ 678.03	\$ 322.64	\$ -	\$ 355.39
Retire + Family 1 w/ and 1 w/o	\$ 1,055.02	\$ 539.50	\$ 30.28	\$ -	\$ 485.24	\$ 936.60	\$ 439.00	\$ -	\$ 497.60

State Retirees With Medicare	Southern HMO								
	Health Plan of Nevada					Senior Dimensions Retiree Choice Plus			
	Rate	Base Subsidy	Part D Credit	Supp Subsidy	Partic Premium	Rate	Base Subsidy	Supp Subsidy	Partic Premium
Retiree only	\$ 218.87	\$ 146.64	\$ 30.28	\$ -	\$ 41.95	\$ 91.93	\$ 61.59	\$ -	\$ 30.34
Retiree + Spouse	\$ 446.14	\$ 248.91	\$ 60.56	\$ -	\$ 136.67	\$ 176.55	\$ 99.67	\$ -	\$ 76.88
Retiree + Child(ren)	\$ 444.09	\$ 247.99	\$ 30.28	\$ -	\$ 165.82	\$ 312.80	\$ 160.98	\$ -	\$ 151.82
Retiree + Family	\$ 638.75	\$ 335.59	\$ 60.56	\$ -	\$ 242.60	\$ 364.82	\$ 184.39	\$ -	\$ 180.43
Surviving Spouse	\$ 212.63	\$ -	\$ 30.28	\$ -	\$ 182.35	\$ 85.69	\$ -	\$ -	\$ 85.69
Surviving Spouse + Child(ren)	\$ 437.85	\$ -	\$ 30.28	\$ -	\$ 407.57	\$ 306.56	\$ -	\$ -	\$ 306.56
Retiree + Spouse 1 w/ and 1 w/o	\$ 561.08	\$ 300.64	\$ 30.28	\$ -	\$ 230.16	\$ 428.43	\$ 213.02	\$ -	\$ 215.41
Retire + Family 1 w/ and 1 w/o	\$ 753.69	\$ 387.31	\$ 30.28	\$ -	\$ 336.10	\$ 616.70	\$ 297.74	\$ -	\$ 318.96

State of Nevada Public Employees' Benefits Program
Non-State Rates - Plan Year 2009

Non-State Actives	Statewide PPO					
	High Deductible Health Plan			Low Deductible Health Plan		
	Rate	Supp Subsidy	Partic Premium	Rate	Supp Subsidy	Partic Premium
Employee Only	\$ 698.91	\$ 57.44	\$ 641.47	\$ 750.64	\$ 63.68	\$ 686.96
Employee + Spouse	\$ 1,295.46	\$ 108.64	\$ 1,186.82	\$ 1,394.08	\$ 120.18	\$ 1,273.90
Employee + Child(ren)	\$ 658.61	\$ 18.95	\$ 639.66	\$ 705.44	\$ 29.44	\$ 676.00
Employee + Family	\$ 1,096.49	\$ 149.24	\$ 947.25	\$ 1,175.37	\$ 161.19	\$ 1,014.18

Non-State Actives	Northern HMO			Southern HMO		
	Hometown Health Plan			Health Plan of Nevada		
	Rate	Supp Subsidy	Partic Premium	Rate	Supp Subsidy	Partic Premium
Employee Only	\$ 615.81	\$ -	\$ 615.81	\$ 340.23	\$ -	\$ 340.23
Employee + Spouse	\$ 1,350.28	\$ -	\$ 1,350.28	\$ 659.26	\$ -	\$ 659.26
Employee + Child(ren)	\$ 813.21	\$ -	\$ 813.21	\$ 558.42	\$ -	\$ 558.42
Employee + Family	\$ 1,368.37	\$ -	\$ 1,368.37	\$ 865.82	\$ -	\$ 865.82

State of Nevada Public Employees' Benefits Program
Non-State Rates - Plan Year 2009

Non-State Retirees Non-Medicare	Statewide PPO					
	High Deductible Health Plan			Low Deductible Health Plan		
	Rate	Supp Subsidy	Partic Premium	Rate	Supp Subsidy	Partic Premium
Retiree only	\$ 684.47	\$ 26.06	\$ 658.41	\$ 736.20	\$ 42.26	\$ 693.94
Retiree + Spouse	\$ 1,281.02	\$ 106.46	\$ 1,174.56	\$ 1,379.64	\$ 118.00	\$ 1,261.64
Retiree + Child(ren)	\$ 644.17	\$ -	\$ 644.17	\$ 691.00	\$ -	\$ 691.00
Retiree + Family	\$ 1,082.05	\$ 147.06	\$ 934.99	\$ 1,160.93	\$ 159.02	\$ 1,001.91
Surviving Spouse	\$ 678.23	\$ 58.98	\$ 619.25	\$ 729.96	\$ 65.22	\$ 664.74
Surviving Spouse + Child(ren)	\$ 637.93	\$ 19.77	\$ 618.16	\$ 684.76	\$ 30.26	\$ 654.50

Non-State Retirees Non-Medicare	Northern HMO			Southern HMO		
	Hometown Health Plan			Health Plan of Nevada		
	Rate	Supp Subsidy	Partic Premium	Rate	Supp Subsidy	Partic Premium
Retiree only	\$ 601.37	\$ -	\$ 601.37	\$ 325.79	\$ -	\$ 325.79
Retiree + Spouse	\$ 1,335.84	\$ -	\$ 1,335.84	\$ 644.82	\$ -	\$ 644.82
Retiree + Child(ren)	\$ 798.77	\$ -	\$ 798.77	\$ 543.98	\$ -	\$ 543.98
Retiree + Family	\$ 1,353.93	\$ -	\$ 1,353.93	\$ 851.38	\$ -	\$ 851.38
Surviving Spouse	\$ 595.13	\$ -	\$ 595.13	\$ 319.55	\$ -	\$ 319.55
Surviving Spouse + Child(ren)	\$ 792.53	\$ -	\$ 792.53	\$ 537.74	\$ -	\$ 537.74

State of Nevada Public Employees' Benefits Program
Non-State Rates - Plan Year 2009

Non-State Retirees With Medicare	Statewide PPO							
	High Deductible Health Plan				Low Deductible Health Plan			
	Rate	Part D Credit	Supp Subsidy	Participant	Rate	Part D Credit	Supp Subsidy	Participant
Retiree only	\$ 323.05	\$ 30.28	\$ -	\$ 292.77	\$ 337.84	\$ 30.28	\$ -	\$ 307.56
Retiree + Spouse	\$ 648.80	\$ 60.56	\$ -	\$ 588.24	\$ 682.80	\$ 60.56	\$ -	\$ 622.24
Retiree + Child(ren)	\$ 336.70	\$ 30.28	\$ -	\$ 306.42	\$ 352.10	\$ 30.28	\$ -	\$ 321.82
Retiree + Family	\$ 662.88	\$ 60.56	\$ -	\$ 602.32	\$ 698.92	\$ 60.56	\$ -	\$ 638.36
Surviving Spouse	\$ 316.81	\$ 30.28	\$ -	\$ 286.53	\$ 331.60	\$ 30.28	\$ -	\$ 301.32
Surviving Spouse + Child(ren)	\$ 330.46	\$ 30.28	\$ -	\$ 300.18	\$ 345.86	\$ 30.28	\$ -	\$ 315.58
Retiree + Spouse 1 w/ and 1 w/o	\$ 967.02	\$ 30.28	\$ -	\$ 936.74	\$ 1,033.54	\$ 30.28	\$ -	\$ 1,003.26
Retire + Family 1 w/ and 1 w/o	\$ 964.38	\$ 30.28	\$ 139.99	\$ 794.11	\$ 1,031.52	\$ 30.28	\$ 146.08	\$ 855.16

Non-State Retirees With Medicare	Statewide PPO			
	Value Plan			
	Rate	Part D Credit	Supp Subsidy	Participant
Retiree only	\$ 138.20	\$ 30.28	\$ -	\$ 107.92
Retiree + Spouse	\$ 269.67	\$ 60.56	\$ -	\$ 209.11
Retiree + Child(ren)	\$ 138.31	\$ 30.28	\$ -	\$ 108.03
Retiree + Family	\$ 254.25	\$ 60.56	\$ -	\$ 193.69
Surviving Spouse	\$ 138.20	\$ 30.28	\$ -	\$ 107.92
Surviving Spouse + Child(ren)	\$ 138.31	\$ 30.28	\$ -	\$ 108.03
Retiree + Spouse 1 w/ and 1 w/o	\$ 269.67	\$ 30.28	\$ -	\$ 239.39
Retire + Family 1 w/ and 1 w/o	\$ 254.25	\$ 30.28	\$ -	\$ 223.97

State of Nevada Public Employees' Benefits Program
Non-State Rates - Plan Year 2009

Non-State Retirees With Medicare	Northern HMO						
	Hometown Health Plan				Senior Care Plus		
	Rate	Part D Credit	Supp Subsidy	Participant	Rate	Supp Subsidy	Participant
Retiree only	\$ 328.64	\$ 30.28	\$ -	\$ 298.36	\$ 78.12	\$ -	\$ 78.12
Retiree + Spouse	\$ 714.01	\$ 60.56	\$ -	\$ 653.45	\$ 135.84	\$ -	\$ 135.84
Retiree + Child(ren)	\$ 427.85	\$ 30.28	\$ -	\$ 397.57	\$ 552.63	\$ -	\$ 552.63
Retiree + Family	\$ 721.20	\$ 60.56	\$ -	\$ 660.64	\$ 747.45	\$ -	\$ 747.45
Surviving Spouse	\$ 322.40	\$ 30.28	\$ -	\$ 292.12	\$ 71.88	\$ -	\$ 71.88
Surviving Spouse + Child(ren)	\$ 421.61	\$ 30.28	\$ -	\$ 391.33	\$ 546.39	\$ -	\$ 546.39
Retiree + Spouse 1 w/ and 1 w/o	\$ 1,024.90	\$ 30.28	\$ -	\$ 994.62	\$ 735.84	\$ -	\$ 735.84
Retiree + Family 1 w/ and 1 w/o	\$ 1,190.63	\$ 30.28	\$ -	\$ 1,160.35	\$ 1,050.69	\$ -	\$ 1,050.69

Non-State Retirees With Medicare	Southern HMO						
	Health Plan of Nevada				Senior Dimensions Retiree Choice Plus		
	Rate	Part D Credit	Supp Subsidy	Participant	Rate	Supp Subsidy	Participant
Retiree only	\$ 216.72	\$ 30.28	\$ -	\$ 186.44	\$ 90.37	\$ -	\$ 90.37
Retiree + Spouse	\$ 421.23	\$ 60.56	\$ -	\$ 360.67	\$ 152.84	\$ -	\$ 152.84
Retiree + Child(ren)	\$ 434.91	\$ 30.28	\$ -	\$ 404.63	\$ 304.21	\$ -	\$ 304.21
Retiree + Family	\$ 627.79	\$ 60.56	\$ -	\$ 567.23	\$ 355.06	\$ -	\$ 355.06
Surviving Spouse	\$ 210.48	\$ 30.28	\$ -	\$ 180.20	\$ 84.13	\$ -	\$ 84.13
Surviving Spouse + Child(ren)	\$ 428.67	\$ 30.28	\$ -	\$ 398.39	\$ 297.97	\$ -	\$ 297.97
Retiree + Spouse 1 w/ and 1 w/o	\$ 535.75	\$ 30.28	\$ -	\$ 505.47	\$ 403.69	\$ -	\$ 403.69
Retiree + Family 1 w/ and 1 w/o	\$ 742.31	\$ 30.28	\$ -	\$ 712.03	\$ 605.91	\$ -	\$ 605.91

**State of Nevada Public Employees' Benefits Program
Retiree Years of Service Subsidy - Plan Year 2009**

State Retirees		Non-State Retirees	
YOS	Subsidy	YOS	Subsidy
5	\$307.86	5	-\$102.62
6	\$277.07	6	-\$133.41
7	\$246.29	7	-\$164.19
8	\$215.50	8	-\$194.98
9	\$184.72	9	-\$225.76
10	\$153.93	10	-\$256.55
11	\$123.14	11	-\$287.34
12	\$92.36	12	-\$318.12
13	\$61.57	13	-\$348.91
14	\$30.79	14	-\$379.69
15	\$0.00	15	-\$410.48
16	-\$30.79	16	-\$441.27
17	-\$61.57	17	-\$472.05
18	-\$92.36	18	-\$502.84
19	-\$123.14	19	-\$533.62
20	-\$153.93	20	-\$564.41

The above years of service subsidies are for participants who retired on or after January 1, 1994. For those who retired before January 1, 1994, add the 15 year subsidy to the applicable rate.

State Rates	Public Employees' Benefits Program State Rates							State Rates																																				
	Self-funded PPO Plan			Northern HMO		Southern HMO																																						
	High Deductible Plan	Low Deductible Plan	Value Plan	Hometown Health Plan	Senior Care Plus	Health Plan of Nevada	Senior Dimensions																																					
State Employee								Plan Year 2009 Effective July 1, 2008																																				
Participant	\$ -	\$ 28.02		\$ 27.29		\$ 17.14																																						
Participant + Spouse	\$ 98.08	\$ 211.57		\$ 193.57		\$ 102.69																																						
Participant + Child(ren)	\$ 10.29	\$ 46.90		\$ 71.77		\$ 73.44																																						
Participant + Family	\$ 61.85	\$ 143.13		\$ 193.69		\$ 150.84																																						
State Retiree without Medicare								<table border="1"> <thead> <tr> <th colspan="2">State Retiree Subsidy Adjustment *</th> </tr> <tr> <th>Years of Service</th> <th>Subsidy</th> </tr> </thead> <tbody> <tr><td>5</td><td>\$ 307.86</td></tr> <tr><td>6</td><td>\$ 277.07</td></tr> <tr><td>7</td><td>\$ 246.29</td></tr> <tr><td>8</td><td>\$ 215.50</td></tr> <tr><td>9</td><td>\$ 184.72</td></tr> <tr><td>10</td><td>\$ 153.93</td></tr> <tr><td>11</td><td>\$ 123.14</td></tr> <tr><td>12</td><td>\$ 92.36</td></tr> <tr><td>13</td><td>\$ 61.57</td></tr> <tr><td>14</td><td>\$ 30.79</td></tr> <tr><td>15</td><td>\$ -</td></tr> <tr><td>16</td><td>\$ -30.79</td></tr> <tr><td>17</td><td>\$ -61.57</td></tr> <tr><td>18</td><td>\$ -92.36</td></tr> <tr><td>19</td><td>\$ -123.14</td></tr> <tr><td>20+</td><td>\$ -153.93</td></tr> </tbody> </table>	State Retiree Subsidy Adjustment *		Years of Service	Subsidy	5	\$ 307.86	6	\$ 277.07	7	\$ 246.29	8	\$ 215.50	9	\$ 184.72	10	\$ 153.93	11	\$ 123.14	12	\$ 92.36	13	\$ 61.57	14	\$ 30.79	15	\$ -	16	\$ -30.79	17	\$ -61.57	18	\$ -92.36	19	\$ -123.14	20+	\$ -153.93
State Retiree Subsidy Adjustment *																																												
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Participant	\$ 131.78	\$ 180.17		\$ 175.37		\$ 108.35																																						
Participant + Spouse	\$ 452.16	\$ 583.98		\$ 541.17		\$ 296.56																																						
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Surviving Spouse	\$ 481.82	\$ 539.74		\$ 525.18		\$ 322.09																																						
Survivor + Child(ren)	\$ 550.41	\$ 615.24		\$ 703.09		\$ 547.31																																						
State Retiree with Medicare B																																												
Participant	\$ 47.82	\$ 73.45	\$ 11.97	\$ 66.83	\$ 26.29	\$ 41.95	\$ 30.34																																					
Participant + Spouse	\$ 201.45	\$ 268.48	\$ 90.82	\$ 235.39	\$ 70.22	\$ 136.67	\$ 76.88																																					
Participant + Child(ren)	\$ 112.02	\$ 154.99	\$ 24.49	\$ 117.72	\$ 256.68	\$ 165.82	\$ 151.82																																					
Participant + Family	\$ 142.05	\$ 235.97	\$ 53.90	\$ 230.45	\$ 354.36	\$ 242.60	\$ 180.43																																					
Surviving Spouse	\$ 252.74	\$ 277.81	\$ 97.75	\$ 257.74	\$ 73.44	\$ 182.35	\$ 85.69																																					
Survivor + Child(ren)	\$ 383.77	\$ 426.06	\$ 120.52	\$ 350.28	\$ 492.33	\$ 407.57	\$ 306.56																																					
Participant + Spouse One with Medicare	\$ 301.68	\$ 390.25	\$ 121.10	\$ 414.35	\$ 355.39	\$ 230.16	\$ 215.41																																					
Participant + Family One with Medicare	\$ 263.15	\$ 363.76	\$ 84.18	\$ 485.24	\$ 497.60	\$ 336.10	\$ 318.96																																					

* The state retiree rates listed above are for those who **retired prior to January 1, 1994**. For those who **retired on or after January 1, 1994**, refer to the State Retiree Subsidy Adjustment table above and to the right and add or subtract the amount shown to the retiree share above.

** **Reinstated retirees** do not qualify for life coverage. To determine your final premium, subtract **\$6.24** from the retiree share.

Non-State Rates	Public Employees' Benefits Program Non-State Rates							Non-State Rates																																				
	Self-funded PPO Plan			Northern HMO		Southern HMO																																						
	High Deductible Plan	Low Deductible Plan	Value Plan	Hometown Health Plan	Senior Care Plus	Health Plan of Nevada	Senior Dimensions																																					
Non-State Employee								Plan Year 2009 Effective July 1, 2008																																				
Participant	\$ 641.47	\$ 686.96		\$ 615.81		\$ 340.23																																						
Participant + Spouse	\$ 1,186.82	\$ 1,273.90		\$ 1,350.28		\$ 659.26																																						
Participant + Child(ren)	\$ 639.66	\$ 676.00		\$ 813.21		\$ 558.42																																						
Participant + Family	\$ 947.25	\$ 1,014.18		\$ 1,368.37		\$ 865.82																																						
Non-State Retiree without Medicare								<table border="1"> <thead> <tr> <th colspan="2">Non-State Retiree Subsidy Adjustment *</th> </tr> <tr> <th>Years of Service</th> <th>Subsidy</th> </tr> </thead> <tbody> <tr><td>5</td><td>\$ -102.62</td></tr> <tr><td>6</td><td>\$ -133.41</td></tr> <tr><td>7</td><td>\$ -164.19</td></tr> <tr><td>8</td><td>\$ -194.98</td></tr> <tr><td>9</td><td>\$ -225.76</td></tr> <tr><td>10</td><td>\$ -256.55</td></tr> <tr><td>11</td><td>\$ -287.34</td></tr> <tr><td>12</td><td>\$ -318.12</td></tr> <tr><td>13</td><td>\$ -348.91</td></tr> <tr><td>14</td><td>\$ -379.69</td></tr> <tr><td>15</td><td>\$ -410.48</td></tr> <tr><td>16</td><td>\$ -441.27</td></tr> <tr><td>17</td><td>\$ -472.05</td></tr> <tr><td>18</td><td>\$ -502.84</td></tr> <tr><td>19</td><td>\$ -533.62</td></tr> <tr><td>20+</td><td>\$ -564.41</td></tr> </tbody> </table>	Non-State Retiree Subsidy Adjustment *		Years of Service	Subsidy	5	\$ -102.62	6	\$ -133.41	7	\$ -164.19	8	\$ -194.98	9	\$ -225.76	10	\$ -256.55	11	\$ -287.34	12	\$ -318.12	13	\$ -348.91	14	\$ -379.69	15	\$ -410.48	16	\$ -441.27	17	\$ -472.05	18	\$ -502.84	19	\$ -533.62	20+	\$ -564.41
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20+	\$ -564.41																																											
Participant	\$ 658.41	\$ 693.94		\$ 601.37		\$ 325.79																																						
Participant + Spouse	\$ 1,174.56	\$ 1,261.64		\$ 1,335.84		\$ 644.82																																						
Participant + Child(ren)	\$ 644.17	\$ 691.00		\$ 798.77		\$ 543.98																																						
Participant + Family	\$ 934.99	\$ 1,001.91		\$ 1,353.93		\$ 851.38																																						
Surviving Spouse	\$ 619.25	\$ 664.74		\$ 595.13		\$ 319.55																																						
Survivor + Child(ren)	\$ 618.16	\$ 654.50		\$ 792.53		\$ 537.74																																						
Non-State Retiree with Medicare B																																												
Participant	\$ 292.77	\$ 307.56	\$ 107.92	\$ 298.36	\$ 78.12	\$ 186.44	\$ 90.37																																					
Participant + Spouse	\$ 588.24	\$ 622.24	\$ 209.11	\$ 653.45	\$ 135.84	\$ 360.67	\$ 152.84																																					
Participant + Child(ren)	\$ 306.42	\$ 321.82	\$ 108.03	\$ 397.57	\$ 552.63	\$ 404.63	\$ 304.21																																					
Participant + Family	\$ 602.32	\$ 638.36	\$ 193.69	\$ 660.64	\$ 747.45	\$ 567.23	\$ 355.06																																					
Surviving Spouse	\$ 286.53	\$ 301.32	\$ 107.92	\$ 292.12	\$ 71.88	\$ 180.20	\$ 84.13																																					
Survivor + Child(ren)	\$ 300.18	\$ 315.58	\$ 108.03	\$ 391.33	\$ 546.39	\$ 398.39	\$ 297.97																																					
Participant + Spouse One with Medicare	\$ 936.74	\$ 1,003.26	\$ 239.39	\$ 994.62	\$ 735.84	\$ 505.47	\$ 403.69																																					
Participant + Family One with Medicare	\$ 794.11	\$ 855.16	\$ 223.97	\$ 1,160.35	\$ 1,050.69	\$ 712.03	\$ 605.91																																					

* The non-state retiree rates listed above are unsubsidized rates. For those who **retired prior to January 1, 1994**, the subsidy is **\$410.48**. For those who **retired on or after January 1, 1994**, refer to the Non-State Retiree Subsidy Adjustment table above and to the right and **subtract** the amount shown from the retiree share above.

** **Reinstated retirees** do not qualify for life coverage. To determine your final premium, subtract **\$6.24** from the retiree share.

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	Anthem	Health Plan of Nevada	High Deductible Plan	Low Deductible Plan	Anthem	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

LWOP Rates **

State Employee				
Participant	\$ 502.50	\$ 560.42	\$ 545.86	\$ 342.77
Participant + Spouse	\$ 1,156.34	\$ 1,294.62	\$ 1,210.95	\$ 684.98
Participant + Child(ren)	\$ 571.09	\$ 635.92	\$ 723.77	\$ 567.99
Participant + Family	\$ 914.81	\$ 1,020.85	\$ 1,211.46	\$ 877.59
Non-State Employee				
Participant	\$ 698.91	\$ 750.64	\$ 615.81	\$ 340.23
Participant + Spouse	\$ 1,295.46	\$ 1,394.08	\$ 1,350.28	\$ 659.26
Participant + Child(ren)	\$ 658.61	\$ 705.44	\$ 813.21	\$ 558.42
Participant + Family	\$ 1,096.49	\$ 1,175.37	\$ 1,368.37	\$ 865.82

* Participants on COBRA do not receive a subsidy and must pay a 2% administrative fee (reflected in above rates). COBRA participants do not qualify for Life, Long Term Disability, Accidental Death and Dismemberment, and Business Travel Accident coverage.

** Participants on Leave With Out Pay (LWOP) do not receive a subsidy.