

*Public Employees' Benefits Program*  
Plan Year 2012 Rates Effective July 1, 2011

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## Plan Year 2012 State Employee Rates

<b>Rates Effective July 1, 2011 – June 30, 2012</b>	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Employee Only</b>	43.90	116.57
<b>Employee + Spouse</b>	198.40	338.16
<b>Employee + Child(ren)</b>	91.71	225.25
<b>Employee + Family</b>	246.23	446.84

## State Employee with Domestic Partner Rates

Rates Effective  July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>		
	<b>Consumer Driven PPO High Deductible Health Plan</b>		
	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
<b>Employee + DP</b>	611.91	43.90	568.01
<b>Employee + DP's Child(ren)</b>	219.67	43.90	175.77
<b>Employee + Children of both</b>	91.71	91.71	0.00
<b>Employee + DP + EE's Child(ren)</b>	659.81	91.71	568.10
<b>Employee + DP + DP's Child(ren)</b>	787.77	43.90	743.87
<b>Employee + DP + Children of both</b>	659.81	91.71	568.10

## State Employee with Domestic Partner Rates

<b>Rates Effective</b>  <b>July 1, 2011 – June 30, 2012</b>	<i>Statewide HMO</i>		
	<b>Hometown Health HMO Plan and Health Plan of Nevada (HPN)</b>		
	<b>Participant Premium</b>	<b>Pre-Tax Deduction</b>	<b>Post-Tax Deduction</b>
<b>Employee + DP</b>	641.67	116.57	525.10
<b>Employee + DP's Child(ren)</b>	374.10	116.57	257.53
<b>Employee + Children of both</b>	225.25	225.25	-
<b>Employee + DP + EE's Child(ren)</b>	750.35	225.25	525.10
<b>Employee + DP + DP's Child(ren)</b>	899.20	116.57	782.63
<b>Employee + DP + Children of both</b>	750.35	225.25	525.10

## State Employee Leave Without Pay Rates

<b>Rates Effective July 1, 2011 – June 30, 2012</b>	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Employee Only</b>	609.68	525.10
<b>Employee + Spouse</b>	1,177.69	1,050.20
<b>Employee + Child(ren)</b>	785.45	782.63
<b>Employee + Family</b>	1,353.55	1,307.73

**State employees on Leave without Pay and employees on Military leave do not receive a subsidy.**

## State Active Legislator Rates

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Employee Only</b>	609.68	525.10
<b>Employee + Spouse</b>	1,177.69	1,050.20
<b>Employee + Child(ren)</b>	785.45	782.63
<b>Employee + Family</b>	1,353.55	1,307.73

**State active legislators do not receive a subsidy.**

## State Retiree and Survivor Rates

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Retiree only</b>	220.70	268.85
<b>Retiree + Spouse</b>	539.93	642.72
<b>Retiree + Child(ren)</b>	319.49	452.21
<b>Retiree + Family</b>	638.76	826.08
<b>Surviving/Unsubsidized Spouse</b>	609.68	525.10
<b>Surviving/Unsubsidized Spouse + Child(ren)</b>	785.45	782.63

**Note: State participants in the HMO in the Retiree Only coverage tier will not pay more than \$525.10 per month.**

**To determine your subsidy, refer to the State Retiree Subsidy Table on Page 9.**

## State Retiree with Domestic Partner Rates

<b>Rates Effective July 1, 2011 – June 30, 2012</b>	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Retiree + DP</b>	788.71	793.95
<b>Retiree + DP's Child(ren)</b>	396.47	526.38
<b>Retiree + Children of both</b>	319.49	452.21
<b>Retiree + DP + Ret's Child(ren)</b>	887.59	977.31
<b>Retiree + DP + DP's Child(ren)</b>	964.57	1,051.48
<b>Retiree + DP + Children of both</b>	887.59	977.31

**To determine your subsidy, refer to the State Retiree Subsidy Table on Page 9.**

## State Retiree Subsidy Adjustment Table

State Retiree Subsidy For Retirees Enrolled in the PPO/HMO Plan	
Years of Service	State Subsidy
5	+313.81
6	+282.43
7	+251.05
8	+219.67
9	+188.28
10	+156.90
11	+125.52
12	+94.14
13	+62.76
14	+31.38
15 (Base)	0.00
16	-31.38
17	-62.76
18	-94.14
19	-125.52
20	-156.90

- For participants who retired before January 1, 1994, subtract the 15-year (base) 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
- If you are a retiree (or survivor) enrolled in the PEBP CD PPO HDHP or an HMO plan and you pay for Medicare Part B, deduct \$115.40 from your premium cost.

## Non-State Employee Rates

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Employee Only</b>	750.65	495.37
<b>Employee + Spouse</b>	1,459.63	990.74
<b>Employee + Child(ren)</b>	1,007.49	768.99
<b>Employee + Family</b>	1,716.08	1,264.36

## Non-State Retiree and Survivor Rates

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	Participant Premium	Participant Premium
<b>Retiree only</b>	750.65	495.37
<b>Retiree + Spouse/DP</b>	1,459.63	990.74
<b>Retiree + Child(ren)</b>	1,007.49	768.99
<b>Retiree + Family</b>	1,716.08	1,264.36
<b>Surviving/Unsubsidized Spouse/DP</b>	750.65	495.37
<b>Surviving/Unsubsidized Spouse/DP + Child(ren)</b>	1,007.49	768.99

**To determine your premium, refer to the Non-State Retiree Subsidy Adjustment Table on Page 12.**

## Non-State Retiree Subsidy Adjustment Table

Non-State Retiree Subsidy For Retirees Enrolled in the PPO/HMO Plan	
Years of Service	Non-State Subsidy
5	-104.60
6	-135.98
7	-167.36
8	-198.74
9	-230.13
10	-261.51
11	-292.89
12	-324.27
13	-355.65
14	-387.03
15 (Base)	-418.41
16	-449.79
17	-481.17
18	-512.55
19	-543.93
20	-575.31

- For participants who retired before January 1, 1994, subtract the 15-year (base) subsidy from the participant premium in the selected plan and tier.
- For participants who retired on or after January 1, 1994, subtract the appropriate subsidy from the participant premium 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.
- If you are a retiree (or survivor) enrolled in the PEBP CD PPO HDHP or an HMO plan and you pay for Medicare Part B, deduct \$115.40 from your premium cost.

## Medicare Exchange Retiree HRA Contribution

<b>HRA Contribution for Retirees Enrolled in an Extend Health Plan</b>	
<b>Years of Service</b>	<b>Contribution</b>
5	\$50.00
6	\$60.00
7	\$70.00
8	\$80.00
9	\$90.00
10	\$100.00
11	\$110.00
12	\$120.00
13	\$130.00
14	\$140.00
15 (Base)	\$150.00
16	\$160.00
17	\$170.00
18	\$180.00
19	\$190.00
20	\$200.00

- Participants who retired before January 1, 1994 receive the 15-year (\$150) base contribution.
  
- For participants who retired on or after January 1, 1994, the contribution is \$10 per month, per year of service beginning with 5 years or \$50 to a maximum of 20 years or \$200.
  
- Spouses/domestic partners and surviving spouses /domestic partners enrolled in the exchange are not eligible for an HRA contribution.
  
- Retirees on the exchange who were hired on or after January 1, 2010 do not receive an HRA contribution.

## Voluntary Dental Insurance Rates for Medicare Exchange Retirees

<b>Rates Effective July 1, 2011 – June 30, 2012</b>	<b>State Retiree Rate</b>	<b>Non-State Retiree Rate</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Retiree Only</b>	33.09	29.27
<b>Retiree + Spouse/DP</b>	66.17	58.54
<b>Surviving/Unsubsidized Spouse/DP</b>	33.09	29.27

## COBRA Rates State Employees and State Retirees

<b>Rates Effective July 1, 2011 – June 30, 2012</b>	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Participant</b>	621.87	535.60
<b>Participant + Spouse/DP</b>	1,201.24	1,071.20
<b>Participant + Child(ren)</b>	801.16	798.28
<b>Participant + Family</b>	1,380.62	1,333.89
<b>Spouse/DP Only</b>	621.87	535.60
<b>Spouse/DP + Child(ren)</b>	801.16	798.28

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Participants on Regular COBRA do not receive a subsidy.

## COBRA Rates Non-State Employees and Non-State Retirees

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>	<i>Statewide HMO</i>
	<b>Consumer Driven PPO High Deductible Health Plan</b>	<b>Hometown Health Plan and Health Plan of Nevada</b>
	<b>Participant Premium</b>	<b>Participant Premium</b>
<b>Participant</b>	765.66	505.28
<b>Participant + Spouse/DP</b>	1,488.82	1,010.55
<b>Participant + Child(ren)</b>	1,027.64	784.37
<b>Participant + Family</b>	1,750.40	1,289.65
<b>Spouse/DP Only</b>	765.66	505.28
<b>Spouse/DP + Child(ren)</b>	1,027.64	784.37

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Participants on Regular COBRA do not receive a subsidy.

## Subsidized COBRA Rates for State Employees

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>		
	<b>Consumer Driven PPO High Deductible Health Plan</b>		
	<b>Rate</b>	<b>Federal Subsidy</b>	<b>Participant Share</b>
<b>Participant</b>	621.87	404.22	217.65
<b>Participant + Spouse</b>	1,201.24	780.81	420.43
<b>Participant + DP</b>	1,201.24	404.22	797.02
<b>Participant + Child(ren)</b>	801.16	520.75	280.41
<b>Participant + DP's Child(ren)</b>	801.16	404.22	396.94
<b>Participant + Children of both</b>	801.16	520.75	280.41
<b>Participant + Family</b>	1,380.62	897.40	483.22
<b>Participant + DP + EE's Child(ren)</b>	1,380.62	520.75	859.87
<b>Participant + DP + DP's Child(ren)</b>	1,380.62	404.22	976.40
<b>Participant + DP + Children of both</b>	1,380.62	520.75	859.87

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Employees involuntarily terminated between September 1, 2008 and May 31, 2010 who elected Subsidized COBRA receive a 65% subsidy paid for by the Federal Government for 15 months. This program ends on August 31, 2011.

## Subsidized COBRA Rates for State Employees

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide HMO Plans</i>		
	<b>Hometown Health Plan and Health Plan of Nevada</b>		
	<b>Rate</b>	<b>Federal Subsidy</b>	<b>Participant Share</b>
<b>Participant</b>	535.60	348.14	187.46
<b>Participant + Spouse</b>	1,071.20	696.28	374.92
<b>Participant + DP</b>	1,071.20	348.14	723.06
<b>Participant + Child(ren)</b>	798.28	518.88	279.40
<b>Participant + DP's Child(ren)</b>	798.28	348.14	450.14
<b>Participant + Children of both</b>	798.28	518.88	279.40
<b>Participant + Family</b>	1,333.89	867.03	466.86
<b>Participant + DP + EE's Child(ren)</b>	1,333.89	518.88	815.01
<b>Participant + DP + DP's Child(ren)</b>	1,333.89	348.14	985.75
<b>Participant + DP + Children of both</b>	1,333.89	518.88	815.01

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Employees involuntarily terminated between September 1, 2008 and May 31, 2010 who elected Subsidized COBRA receive a 65% subsidy paid for by the Federal Government for 15 months. This program ends on August 31, 2011

## Subsidized COBRA - Non-State Employees

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide PPO</i>		
	<b>Consumer Driven PPO High Deductible Health Plan</b>		
	<b>Rate</b>	<b>Federal Subsidy</b>	<b>Participant Share</b>
<b>Participant</b>	765.66	497.68	267.98
<b>Participant + Spouse</b>	1,488.82	967.73	521.09
<b>Participant + DP</b>	1,488.82	497.68	991.14
<b>Participant + Child(ren)</b>	1,027.64	667.97	359.67
<b>Participant + DP's Child(ren)</b>	1,027.64	497.68	529.96
<b>Participant + Children of both</b>	1,027.64	667.97	359.67
<b>Participant + Family</b>	1,750.40	1,137.76	612.64
<b>Participant + DP + EE's Child(ren)</b>	1,750.40	667.97	1,082.43
<b>Participant + DP + DP's Child(ren)</b>	1,750.40	497.68	1,252.72
<b>Participant + DP + Children of both</b>	1,750.40	667.97	1,082.43

- COBRA participants do not qualify for Life Insurance and Long Term Disability.
- Employees involuntarily terminated between September 1, 2008 and May 31, 2010 who elected Subsidized COBRA receive a 65% subsidy paid for by the Federal Government for 15 months. This program ends on August 31, 2011.

## Subsidized COBRA - Non-State Employees

Rates Effective July 1, 2011 – June 30, 2012	<i>Statewide HMO Plans</i>		
	<b>Hometown Health Plan <i>and</i> Health Plan of Nevada</b>		
	<b>Rate</b>	<b>Federal Subsidy</b>	<b>Participant Share</b>
<b>Participant</b>	505.28	328.43	176.85
<b>Participant + Spouse</b>	1,010.55	656.86	353.69
<b>Participant + DP</b>	1,010.55	328.43	682.12
<b>Participant + Child(ren)</b>	784.37	509.84	274.53
<b>Participant + DP's Child(ren)</b>	784.37	328.43	455.94
<b>Participant + Children of both</b>	784.37	509.84	274.53
<b>Participant + Family</b>	1,289.65	838.27	451.38
<b>Participant + DP + EE's Child(ren)</b>	1,289.65	509.84	779.81
<b>Participant + DP + DP's Child(ren)</b>	1,289.65	328.43	961.22
<b>Participant + DP + Children of both</b>	1,289.65	509.84	779.81

- COBRA participants do not qualify for Life Insurance and Long Term Disability. Employees involuntarily terminated between September 1, 2008 and May 31, 2010 who elected Subsidized COBRA receive a 65% subsidy paid for by the Federal Government for 15 months. This program ends on August 31, 2011.