





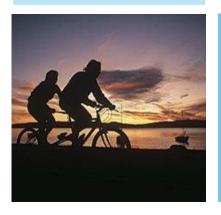
### **PREMIUM RATES**

JULY 1, 2021 - JUNE 30, 2022

PLAN YEAR 2022



775-684-7000 or 1-800-326-5496 www.pebp.state.nv.us







#### **Plan Year 2022 Rates**

July 1, 2021 – June 30, 2022

#### **Table of Contents**

State Rates – Active Employees	3
State Rates — Retiree and Survivor Rates (Non-Medicare)	4
Non-State Rates – Active Employee	5
Non-State Rates — Retiree and Survivor Rates (Non-Medicare)	6
State Domestic Partner Rates – Active Employees – CDHP	7
State Domestic Partner Rates – Active Employees – LD-PPO	8
State Domestic Partner Rates – Active Employees – EPO/HMO	9
State and Non-State Domestic Partner Rates — Retirees — CDHP	10
State and Non-State Domestic Partner Rates — Retirees — LD-PPO	11
State and Non-State Domestic Partner Rates — Retirees — EPO/HMO	12
State and Non-State Retiree Years of Service Subsidy	13
Medicare Exchange Retiree HRA Contribution and Dental Rates	14
COBRA Rates	15



# **Active State Employee Rates**

	Nationwide PPO			Nat	Nationwide PPO			Statewide EPO/HMO		
Monthly Rates Effective July 1, 2021 - June 30, 2022	Consumer Driven Health Plan (CDHP-PPO)		July 1, 2021 - (CDHP-PPO)		Low D	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	

<sup>--</sup> 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.



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

	Nationwide PPO			Nat	Nationwide PPO			Statewide EPO/HMO		
Monthly Rates Effective July 1, 2021 - June 30, 2022	July 1, 2021 - (CDHP-PPO)		Low D	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	\$,1530.81	\$786.93	\$743.88	\$1,720.60	\$786.93	\$933.67	
Surviving/Unsubsidized Dependent	\$628.36	1	\$628.36	\$648.00	-	\$648.00	\$727.91	1	\$727.91	
Surviving/Unsubsidized Spouse + Child(ren)	\$861.76	-	\$861.76	\$888.77	-	\$888.77	\$998.64	1	\$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 <u>Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13</u>. 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



## **Active Non-State Employee Rates**

	Nationwide PPO			Nat	Nationwide PPO			Statewide EPO/HMO		
Monthly Rates Effective July 1, 2021 - June 30, 2022	Consumer Driven Health Plan (CDHP-PPO)		Low D	eductible (LC	O-PPO)	Heal	iier Plan (EPO th Plan of Ne (HPN – HMO)	vada		
	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	Unsubsidized Rate	Base Subsidy	Participant Premium	
Employee Only	\$986.15	1	\$986.15	\$1,031.91	1	\$1,031.91	\$931.42	-	\$931.42	
Employee + Spouse/DP	\$1,962.13	1	\$1,962.13	\$2,053.66	1	\$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	

<sup>--</sup>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.



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

	Nationwide PPO			Nat	Nationwide PPO			Statewide EPO/HMO		
Monthly Rates Effective July 1, 2021 - June 30, 2022	Consumer Driven Health Plan (CDHP-PPO)			Low [	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 <u>Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13</u>. 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**

	Statewide/Nationwide PPO							
Monthly Rates Effective July 1, 2021 - June 30, 2022	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		

<sup>--</sup> 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.

<sup>--</sup> 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**

	Statewide/Nationwide PPO							
Monthly Rates Effective July 1, 2021 - June 30, 2022	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		

<sup>--</sup> 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.

<sup>--</sup> 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**

			Chahamida	EDO/UNAO				
	Statewide EPO/HMO							
Monthly Rates Effective July 1, 2021 - June 30, 2022	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		

<sup>--</sup> 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.

<sup>--</sup> 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 <u>Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13</u>. 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

	Statewide/Nationwide PPO						
Monthly Rates Effective July 1, 2021 - June 30, 2022	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 <u>Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13</u>. 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



#### 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 <u>Plan Year 2022 State and Non-State Retiree Years of Service Subsidy table on page 13</u>. 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.



#### **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 <u>PEBP</u> <u>participating employer</u>. 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					



#### **Medicare Exchange Retiree HRA Contribution**

Exchange – Monthly HRA Contribution Medicare Retirees Enrolled in Via Benefits			
Years of Service	Contribution		
5	\$65		
6	\$78		
7	\$91		
8	\$104		
9	\$117		
10	\$130		
11	\$143		
12	\$156		
13	\$169		
14	\$182		
15 (base)	\$195		
16	\$208		
17	\$221		
18	\$234		
19	\$247		
20	\$260		

- Participants who retired **before January 1, 1994** receive the 15-year (\$195) base contribution.
- Participants who retired on or after January 1, 1994, the contribution is \$13 per month per year of service beginning with 5 years (\$65) to a maximum of 20 years (\$260).
- 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

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



To return to the Table of Contents you may click on the PEBP Logo

Plan Year 202	22 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