

*PY 2009 Non-State Rates - Actives*

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)	\$ 651.04	\$ 11.38	\$ 639.66	\$ 697.87	\$ 21.87	\$ 676.00
Employee + Family	\$ 1,086.19	\$ 144.09	\$ 942.10	\$ 1,165.07	\$ 156.04	\$ 1,009.03

  

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

*PY 2009 Non-State Rates - Retirees without Medicare*

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)	\$ 636.60	\$ -	\$ 636.60	\$ 683.43	\$ -	\$ 683.43
Retiree + Family	\$ 1,071.75	\$ 141.91	\$ 929.84	\$ 1,150.63	\$ 153.87	\$ 996.76
Surviving Spouse	\$ 678.23	\$ 58.98	\$ 619.25	\$ 729.96	\$ 65.22	\$ 664.74
Surviving Spouse + Child(ren)	\$ 630.36	\$ 12.20	\$ 618.16	\$ 677.19	\$ 22.69	\$ 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

*PY 2009 Non-State Rates - Retirees with Medicare*

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)	\$ 329.13	\$ 30.28	\$ -	\$ 298.85	\$ 344.54	\$ 30.28	\$ -	\$ 314.26
Retiree + Family	\$ 652.57	\$ 60.56	\$ -	\$ 592.01	\$ 688.61	\$ 60.56	\$ -	\$ 628.05
Surviving Spouse	\$ 316.81	\$ 30.28	\$ -	\$ 286.53	\$ 331.60	\$ 30.28	\$ -	\$ 301.32
Surviving Spouse + Child(ren)	\$ 322.89	\$ 30.28	\$ -	\$ 292.61	\$ 338.30	\$ 30.28	\$ -	\$ 308.02
Retiree + Spouse 1 w/ and 1 w/o	\$ 967.02	\$ 30.28	\$ -	\$ 936.74	\$ 1,033.54	\$ 30.28	\$ -	\$ 1,003.26
Retiree + Family 1 w/ and 1 w/o	\$ 956.82	\$ 30.28	\$ 136.21	\$ 790.33	\$ 1,023.95	\$ 30.28	\$ 142.29	\$ 851.38

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
Retiree + Family 1 w/ and 1 w/o	\$ 254.25	\$ 30.28	\$ -	\$ 223.87

*PY 2009 Non-State Rates - Retirees with Medicare*

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