

PEBP Premium Rates

July 1, 2025—June 30,

Plan Year 2026

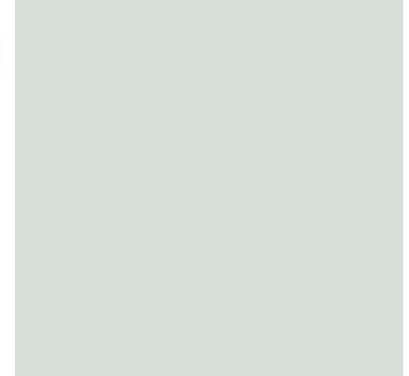
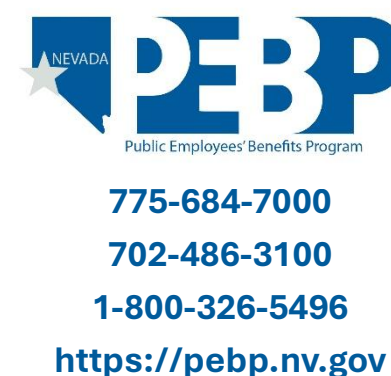
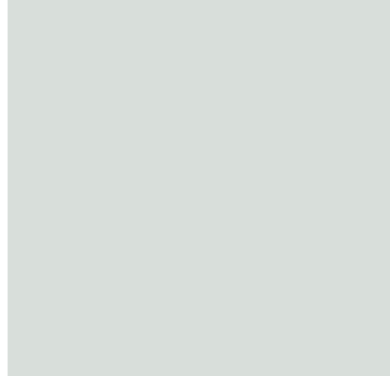


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PEBP Retiree Benefits

Retiree Years of Service Premium Subsidy

Premium subsidy amounts shown are for those staying on a PEBP Plan or are not yet eligible for Medicare. Other eligibility requirements apply.

- Participants who retired **BEFORE January 1, 1994**, the participant premium for the selected plan and tier is shown on the retiree rate pages.
- 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.
- Participants with **less than 15 Years of Service**, who were hired by their last employer between **January 1, 2010, and December 31, 2011**, 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.
- Participants who were initially hired **ON OR AFTER January 1, 2012**, do not receive a years of service subsidy, the base subsidy, and will be charged the full unsubsidized rate.

- Retirees on the PEBP CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$145.30 from the participant premium.

Years of Service	Premium Subsidy
5	+\$520.50
6	+\$468.45
7	+\$416.40
8	+\$364.35
9	+\$312.30
10	+\$260.25
11	+\$208.20
12	+\$156.15
13	+\$104.10
14	+\$52.05
15 (base)	-
16	-\$52.05
17	-\$104.10
18	-\$156.15
19	-\$208.20
20	-\$260.25

Retiree Medicare Exchange HRA Contribution

Eligibility for retirees enrolled in Medicare Part A and Part B, and a supplemental plan with Via Benefits:

- 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).
- Participants with less than 15 years of service, who were hired by their last employer **BETWEEN January 1, 2010, and December 31, 2011**, and who are not disabled do not receive an Exchange HRA contribution.
- Participants who were initially hired **ON OR AFTER January 1, 2012**, do not receive an Exchange HRA.

Years of Service	Premium Subsidy
5	\$65
6	\$78
7	\$91
8	\$104
9	\$117
10	\$130
11	\$143
12	\$156

Years of Service	Premium Subsidy
13	\$169
14	\$182
15 (base)	\$195
16	\$208
17	\$221
18	\$234
19	\$247
20	\$260

Plan Year 2026 PEBP Dental Rates

Medicare Retirees Enrolled with Via Benefits

Monthly Rates Effective July 1, 2025—June 30, 2026

Coverage Tier	State Retiree	Non-State Retiree
Retiree only	\$53.18	\$50.31
Retiree + Spouse/DP*	\$106.36	\$100.62
Surviving/Unsubsidized Spouse/DP*	\$53.18	\$50.31

*Spouse/DP must also be enrolled in Medicare to elect PEBP dental.

Active State Employee Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

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.

*Does not include rate adjustments paid/credited with PEBP reserves.

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$849.22	\$806.24	\$55.26
Employee + Spouse/DP	\$1,683.52	\$1,390.76	\$313.94
Employee + Child(ren)	\$1,162.09	\$1,025.44	\$152.27
Employee + Family	\$1,996.38	\$1,609.96	\$410.94

Low Deductible (LD-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$885.76	\$806.24	\$91.79
Employee + Spouse/DP	\$1,756.57	\$1,390.76	\$386.99
Employee + Child(ren)	\$1,212.30	\$1,025.44	\$202.48
Employee + Family	\$2,083.12	\$1,609.96	\$497.68

Exclusive Provider Organization Plan (EPO)

Health Plan of Nevada (HMO)

Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$1,013.87	\$806.24	\$219.91
Employee + Spouse/DP	\$2,012.81	\$1,390.76	\$643.23
Employee + Child(ren)	\$1,388.47	\$1,025.44	\$378.65
Employee + Family	\$2,387.41	\$1,609.96	\$801.97

State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2025—June 30, 2026

*Does not include rate adjustments paid/credited with PEBP reserves.

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$842.96	\$564.90	\$278.06
Employee + Spouse/DP	\$1,667.26	\$974.45	\$702.81
Employee + Child(ren)	\$1,155.82	\$718.48	\$437.34
Employee + Family	\$1,990.12	\$1,128.03	\$862.09
Surviving/Unsubsidized Dependent	\$842.96	-	\$842.96
Surviving/Unsubsidized Spouse + Child(ren)	\$1,155.82	-	\$1,155.82

Low Deductible (LD-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$879.48	\$564.90	\$314.58
Employee + Spouse/DP	\$1,750.30	\$974.45	\$775.85
Employee + Child(ren)	\$1,206.04	\$718.48	\$487.56
Employee + Family	\$2,076.86	\$1,128.03	\$948.83
Surviving/Unsubsidized Dependent	\$879.48	-	\$879.48
Surviving/Unsubsidized Spouse + Child(ren)	\$1,206.04	-	\$1,206.04

State Retiree and Survivor Rates (Non-Medicare)

Continued

Monthly Rates Effective July 1, 2025—June 30, 2026

Exclusive Provider Organization Plan (EPO)

Health Plan of Nevada (HMO)

Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$1,007.60	\$564.90	\$442.70
Employee + Spouse/DP	\$2,006.54	\$974.45	\$1,032.09
Employee + Child(ren)	\$1,382.21	\$718.48	\$663.73
Employee + Family	\$2,381.15	\$1,128.03	\$1,253.12
Surviving/Unsubsidized Dependent	\$1,007.60	-	\$1,007.60
Surviving/Unsubsidized Spouse + Child(ren)	\$1,382.21	-	\$1,382.21

Active Non-State Employee Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

Subsidies for non-state active employees are determined by the employer and are not published here.

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$962.11	-	\$962.11
Employee + Spouse/DP	\$1,909.28	-	\$1,909.28
Employee + Child(ren)	\$1,317.30	-	\$1,317.30
Employee + Family	\$2,264.47	-	\$2,264.47

Low Deductible (LD-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$999.75	-	\$999.75
Employee + Spouse/DP	\$1,984.57	-	\$1,984.57
Employee + Child(ren)	\$1,369.06	-	\$1,369.06
Employee + Family	\$2,353.88	-	\$2,353.88

Exclusive Provider Organization Plan (EPO)

Health Plan of Nevada (HMO)

Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$1,138.10	-	\$1,138.10
Employee + Spouse/DP	\$2,261.28	-	\$2,261.28
Employee + Child(ren)	\$1,559.30	-	\$1,559.30
Employee + Family	\$2,682.47	-	\$2,682.47

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

Monthly Rates Effective July 1, 2025—June 30, 2026

*Does not include rate adjustments paid/credited with PEBP reserves.

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$955.85	\$677.79	\$278.06
Employee + Spouse/DP	\$1,903.02	\$1,200.21	\$702.81
Employee + Child(ren)	\$1,311.04	\$873.70	\$437.34
Employee + Family	\$2,258.21	\$1,396.12	\$862.09
Surviving/Unsubsidized Dependent	\$955.85	-	\$955.85
Surviving/Unsubsidized Spouse + Child(ren)	\$1,311.04	-	\$1,311.04

Low Deductible (LD-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$993.49	\$678.91	\$314.58
Employee + Spouse/DP	\$1,978.31	\$1,202.46	\$775.85
Employee + Child(ren)	\$1,362.80	\$875.24	\$487.56
Employee + Family	\$2,347.62	\$1,398.79	\$948.83
Surviving/Unsubsidized Dependent	\$993.49	-	\$993.49
Surviving/Unsubsidized Spouse + Child(ren)	\$1,362.80	-	\$1,362.80

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

Continued

Monthly Rates Effective July 1, 2025—June 30, 2026

Exclusive Provider Organization Plan (EPO)

Health Plan of Nevada (HMO)

Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee Only	\$1,131.84	\$689.14	\$442.70
Employee + Spouse/DP	\$2,255.02	\$1,222.93	\$1,032.09
Employee + Child(ren)	\$1,553.04	\$889.31	\$663.73
Employee + Family	\$2,676.21	\$1,423.09	\$1,253.12
Surviving/Unsubsidized Dependent	\$1,131.84	-	\$1,131.84
Surviving/Unsubsidized Spouse + Child(ren)	\$1,533.04	-	\$1,553.04

Domestic Partner Rates

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.

Pursuant to the PEBP 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.

*Does not include rate adjustments paid/credited with PEBP reserves.

Active State Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	\$1,683.52	\$806.24	\$584.52	\$313.94	\$55.26	\$258.68
Employee + DP's Child(ren)	\$1,162.09	\$806.24	\$219.20	\$152.27	\$55.26	\$97.01
Employee + Children of both	\$1,162.09	\$1,025.44	-	\$152.27	\$152.27	-
Employee + DP + EE's Child(ren)	\$1,996.38	\$1,025.44	\$584.52	\$410.94	\$152.27	\$258.67
Employee + DP + DP's Child(ren)	\$1,996.38	\$806.24	\$584.52	\$410.94	\$55.26	\$355.68
Employee + DP + Children of both	\$1,996.38	\$1,025.44	\$584.52	\$410.94	\$152.27	\$258.67

Active State Employee Domestic Partner Rates
Monthly Rates Effective July 1, 2025—June 30, 2026
Low Deductible (LD-PPO)
Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	\$1,756.57	\$806.24	\$584.52	\$386.99	\$91.79	\$295.20
Employee + DP's Child(ren)	\$1,212.30	\$806.24	\$219.20	\$202.48	\$91.79	\$110.69
Employee + Children of both	\$1,212.30	\$1,025.44	-	\$202.48	\$202.48	-
Employee + DP + EE's Child(ren)	\$2,083.12	\$1,025.44	\$584.52	\$497.68	\$202.48	\$295.20
Employee + DP + DP's Child(ren)	\$2,083.12	\$806.24	\$803.72	\$497.68	\$91.79	\$405.89
Employee + DP + Children of both	\$2,083.12	\$1,025.44	\$584.52	\$497.68	\$202.48	\$295.20

Active State Employee Domestic Partner Rates
Monthly Rates Effective July 1, 2025—June 30, 2026
Exclusive Provider Organization Plan (EPO)
Health Plan of Nevada (HMO)
Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	\$2,012.81	\$806.24	\$584.52	\$643.23	\$219.91	\$423.32
Employee + DP's Child(ren)	\$1,388.47	\$806.24	\$219.20	\$378.65	\$219.91	\$158.74
Employee + Children of both	\$1,388.47	\$1,025.44	-	\$378.65	\$378.65	-
Employee + DP + EE's Child(ren)	\$2,387.41	\$1,025.44	\$584.52	\$801.97	\$378.65	\$423.32
Employee + DP + DP's Child(ren)	\$2,387.41	\$806.24	\$803.72	\$801.97	\$219.91	\$582.06
Employee + DP + Children of both	\$2,387.41	\$1,025.44	\$584.52	\$801.97	\$378.65	\$423.32

State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,677.26	\$564.90	\$409.55	\$723.99
Retiree + DP's Child(ren)	\$1,155.82	\$564.90	\$153.58	\$452.96
Retiree + Children of both	\$1,155.82	\$718.48	-	\$461.86
Retiree + DP + EE's Child(ren)	\$1,990.12	\$718.48	\$409.55	\$886.61
Retiree + DP + DP's Child(ren)	\$1,990.12	\$564.90	\$563.13	\$886.61
Retiree + DP + Children of both	\$1,990.12	\$718.48	\$409.55	\$886.61

State Retiree Domestic Partner Rates**Monthly Rates Effective July 1, 2025—June 30, 2026****Low Deductible (LD-PPO)****Nationwide**

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,750.30	\$564.90	\$409.55	\$797.03
Retiree + DP's Child(ren)	\$1,206.04	\$564.90	\$153.58	\$503.18
Retiree + Children of both	\$1,206.04	\$718.48	-	\$512.08
Retiree + DP + EE's Child(ren)	\$2,076.86	\$718.48	\$409.55	\$973.35
Retiree + DP + DP's Child(ren)	\$2,076.86	\$564.90	\$563.13	\$973.35
Retiree + DP + Children of both	\$2,076.86	\$718.48	\$409.55	\$973.35

State Retiree Domestic Partner Rates**Monthly Rates Effective July 1, 2025—June 30, 2026****Exclusive Provider Organization Plan (EPO)****Health Plan of Nevada (HMO)****Statewide**

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$2,006.54	\$564.90	\$409.55	\$1,053.27
Retiree + DP's Child(ren)	\$1,382.21	\$564.90	\$153.58	\$679.35
Retiree + Children of both	\$1,382.21	\$718.48	-	\$688.25
Retiree + DP + EE's Child(ren)	\$2,381.15	\$718.48	\$409.55	\$1,277.64
Retiree + DP + DP's Child(ren)	\$2,381.15	\$564.90	\$563.13	\$1,277.64
Retiree + DP + Children of both	\$2,381.15	\$718.48	\$409.55	\$1,277.64

Non-State Active Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

Subsidies for non-state active employees are determined by the employer and are not published here.

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee + DP	\$1,909.28	-	\$1,909.28
Employee + DP's Child(ren)	\$1,317.30	-	\$1,317.30
Employee + Children of both	\$1,317.30	-	\$1,317.30
Employee + DP + EE's Child(ren)	\$2,264.47	-	\$2,264.47
Employee + DP + DP's Child(ren)	\$2,264.47	-	\$2,264.47

Employee + DP + Children of both	\$2,264.47	-	\$2,264.47
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Low Deductible (LD-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee + DP	\$1,984.57	-	\$1,984.57
Employee + DP's Child(ren)	\$1,369.06	-	\$1,369.06
Employee + Children of both	\$1,369.06	-	\$1,369.06
Employee + DP + EE's Child(ren)	\$2,353.88	-	\$2,353.88
Employee + DP + DP's Child(ren)	\$2,353.88	-	\$2,353.88
Employee + DP + Children of both	\$2,353.88	-	\$2,353.88

Non-State Active Employee Domestic Partner Rates
Continued

Monthly Rates Effective July 1, 2025—June 30, 2026

Exclusive Provider Organization Plan (EPO)

Health Plan of Nevada (HMO)

Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Participant Premium
Employee + DP	\$2,261.28	-	\$2,261.28
Employee + DP's Child(ren)	\$1,559.30	-	\$1,559.30
Employee + Children of both	\$1,559.30	-	\$1,559.30
Employee + DP + EE's Child(ren)	\$2,682.47	-	\$2,682.47
Employee + DP + DP's Child(ren)	\$2,682.47	-	\$2,682.47
Employee + DP + Children of both	\$2,682.47	-	\$2,682.47

Non-State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2025—June 30, 2026

Consumer Driven Health Plan (CDHP-PPO)

Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,903.02	\$677.79	\$522.42	\$702.81
Retiree + DP's Child(ren)	\$1,311.04	\$677.79	\$195.91	\$437.34
Retiree + Children of both	\$1,311.04	\$873.70	-	\$437.34
Retiree + DP + EE's Child(ren)	\$2,258.21	\$873.70	\$522.42	\$862.09
Retiree + DP + DP's Child(ren)	\$2,258.21	\$677.79	\$718.33	\$862.09
Retiree + DP + Children of both	\$2,258.21	\$873.70	\$522.42	\$862.09

Non-State Retiree Domestic Partner Rates
Monthly Rates Effective July 1, 2025—June 30, 2026
Low Deductible (LD-PPO)
Nationwide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,978.31	\$678.91	\$523.55	\$775.85
Retiree + DP's Child(ren)	\$1,362.80	\$678.91	\$196.33	\$487.56
Retiree + Children of both	\$1,362.80	\$875.24	-	\$487.56
Retiree + DP + EE's Child(ren)	\$2,347.62	\$875.24	\$523.55	\$948.83
Retiree + DP + DP's Child(ren)	\$2,347.62	\$678.91	\$719.88	\$948.83
Retiree + DP + Children of both	\$2,347.62	\$875.24	\$523.55	\$948.83

Non-State Retiree Domestic Partner Rates
Monthly Rates Effective July 1, 2025—June 30, 2026
Exclusive Provider Organization Plan (EPO)
Health Plan of Nevada (HMO)
Statewide

Coverage Tier	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$2,255.02	\$689.14	\$533.79	\$1,032.09
Retiree + DP's Child(ren)	\$1,553.04	\$689.14	\$200.17	\$663.73
Retiree + Children of both	\$1,553.04	\$889.31	-	\$663.73
Retiree + DP + EE's Child(ren)	\$2,676.21	\$889.31	\$533.79	\$1,253.12
Retiree + DP + DP's Child(ren)	\$2,676.21	\$689.14	\$733.95	\$1,253.12
Retiree + DP + Children of both	\$2,676.21	\$889.31	\$533.79	\$1,253.12

Plan Year 2026 COBRA Rates

State Employee

Coverage Tier	Consumer Driven Health Plan (CDHP-PPO) Nationwide	Low Deductible (LD-PPO) Nationwide	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO) Statewide
Employee	\$866.20	\$903.47	\$1,034.15
Employee + Spouse/DP	\$1,717.19	\$1,791.70	\$2,053.07
Employee + Child(ren)	\$1,185.33	\$1,236.55	\$1,416.24
Employee + Family	\$2,036.31	\$2,124.78	\$2,435.16

State Retiree

Coverage Tier	Consumer Driven Health Plan (CDHP-PPO) Nationwide	Low Deductible (LD-PPO) Nationwide	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO) Statewide
Retiree	\$859.82	\$897.07	\$1,027.75
Retiree + Spouse/DP	\$1,710.81	\$1,785.31	\$2,046.67
Retiree + Child(ren)	\$1,178.94	\$1,230.16	\$1,409.85
Retiree + Family	\$2,029.92	\$2,118.40	\$2,428.77
Spouse/DP Only	\$859.82	\$897.07	\$1,027.75
Spouse/DP + Child(ren)	\$1,178.94	\$1,230.16	\$1,409.85

Plan Year 2026 COBRA Rates Continued

Non-State Employee

Coverage Tier	Consumer Driven Health Plan (CDHP-PPO) Nationwide	Low Deductible (LD-PPO) Nationwide	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO) Statewide
Employee	\$981.35	\$1,019.75	\$1,160.86
Employee + Spouse/DP	\$1,947.47	\$2,024.26	\$2,306.51
Employee + Child(ren)	\$1,343.65	\$1,396.44	\$1,590.49
Employee + Family	\$2,309.76	\$2,400.96	\$2,736.12

Non-State Retiree

Coverage Tier	Consumer Driven Health Plan (CDHP-PPO) Nationwide	Low Deductible (LD-PPO) Nationwide	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO) Statewide
Retiree	\$974.96	\$1,013.36	\$1,154.47
Retiree + Spouse/DP	\$1,941.08	\$2,017.87	\$2,300.12
Retiree + Child(ren)	\$1,337.26	\$1,390.05	\$1,584.10
Retiree + Family	\$2,303.37	\$2,394.57	\$2,729.73
Spouse/DP Only	\$974.96	\$1,013.36	\$1,154.47
Spouse/DP + Child(ren)	\$1,337.26	\$1,390.05	\$1,584.10