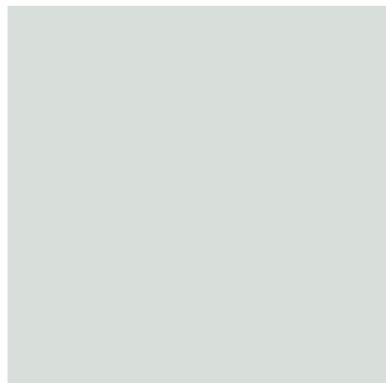




PREMIUM RATES

JULY 1, 2024 – JUNE 30, 2025

PLAN YEAR 2025



775-684-7000

702-486-3100

1-800-326-5496

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Active State Employee Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Exclusive Provider Organization 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	\$714.88	\$651.32	\$55.26	\$753.70	\$651.32	\$85.26	\$852.80	\$651.32	\$181.24
Employee + Spouse/DP	\$1,415.07	\$1,123.53	\$271.27	\$1,492.73	\$1,123.53	\$331.28	\$1,690.93	\$1,123.53	\$523.25
Employee + Child(ren)	\$977.46	\$828.40	\$136.26	\$1,030.84	\$828.40	\$177.52	\$1,167.10	\$828.40	\$309.50
Employee + Family	\$1,677.64	\$1,300.60	\$352.28	\$1,769.86	\$1,300.60	\$423.54	\$2,005.22	\$1,300.60	\$651.51

-- 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.

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State Retiree and Survivor Rates (Non-Medicare)

Monthly Rates Effective July 1, 2024 - June 30, 2025	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Exclusive Provider Organization 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	\$708.41	\$436.29	\$263.82	\$747.23	\$436.29	\$293.82	\$846.33	\$436.29	\$389.80
Retiree + Spouse	\$1,408.60	\$752.60	\$635.73	\$1,486.24	\$752.60	\$695.72	\$1,684.44	\$752.60	\$887.69
Retiree + Child(ren)	\$970.97	\$554.91	\$403.27	\$1,024.35	\$554.91	\$444.52	\$1,160.63	\$554.91	\$576.52
Retiree + Family	\$1,671.16	\$871.22	\$775.19	\$1,763.38	\$871.22	\$846.44	\$1,998.74	\$871.22	\$1,074.41
Surviving/Unsubsidized Dependent	\$708.40	-	\$708.40	\$747.22	-	\$747.22	\$846.32	-	\$846.32
Surviving/Unsubsidized Spouse + Child(ren)	\$970.98	-	\$970.98	\$1,024.36	-	\$1,024.36	\$1,160.62	-	\$1,160.62

-- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.

-- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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Active Non-State Employee Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Exclusive Provider Organization 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	\$997.33	-	\$997.33	\$1,063.39	-	\$1,063.39	\$1,075.11	-	\$1,075.11
Employee + Spouse/DP	\$1,979.98	-	\$1,979.98	\$2,112.10	-	\$2,112.10	\$2,135.54	-	\$2,135.54
Employee + Child(ren)	\$1,365.83	-	\$1,365.83	\$1,456.66	-	\$1,456.66	\$1,472.77	-	\$1,472.77
Employee + Family	\$2,348.47	-	\$2,348.47	\$2,505.37	-	\$2,505.37	\$2,533.20	-	\$2,533.20

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

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

Monthly Rates Effective July 1, 2024 - June 30, 2025	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Exclusive Provider Organization 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	\$990.86	\$718.74	\$263.82	\$1,056.92	\$745.98	\$293.82	\$1,068.64	\$658.60	\$389.80
Retiree + Spouse	\$1,973.51	\$1,317.51	\$635.73	\$2,105.62	\$1,371.98	\$695.72	\$2,129.06	\$1,197.22	\$887.69
Retiree + Child(ren)	\$1,359.35	\$943.29	\$403.27	\$1,450.18	\$980.74	\$444.52	\$1,466.30	\$860.58	\$576.52
Retiree + Family	\$2,341.99	\$1,542.05	\$775.19	\$2,498.90	\$1,606.74	\$846.44	\$2,526.72	\$1,399.20	\$1,074.41
Surviving/Unsubsidized Dependent	\$990.86	-	\$990.86	\$1,056.92	-	\$1,056.92	\$1,068.64	-	\$1,068.64
Surviving/Unsubsidized Spouse + Child(ren)	\$1,359.36	-	\$1,359.36	\$1,450.18	-	\$1,450.18	\$1,466.30	-	\$1,466.30

-- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.

-- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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Active State Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO					
	Consumer Driven Health Plan (CDHP-PPO)					
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,415.07	\$651.32	\$472.21	\$271.27	\$55.26	\$216.01
Employee + DP's Child(ren)	\$977.46	\$651.32	\$177.08	\$136.26	\$55.26	\$81.00
Employee + Children of both	\$977.46	\$828.40	-	\$136.26	\$136.26	-
Employee + DP + EE's Child(ren)	\$1,677.64	\$828.40	\$472.20	\$352.28	\$136.26	\$216.02
Employee + DP + DP's Child(ren)	\$1,677.64	\$651.32	\$649.28	\$352.28	\$55.26	\$297.02
Employee + DP + Children of both	\$1,677.64	\$828.40	\$472.20	\$352.28	\$136.26	\$216.02

-- 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.

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Active State Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO					
	Low Deductible (LD-PPO)					
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium	Pre-Tax Deduction	Post Tax Deduction
Employee + DP	\$1,492.73	\$651.32	\$472.21	\$331.28	\$85.26	\$246.02
Employee + DP's Child(ren)	\$1,030.84	\$651.32	\$177.08	\$177.52	\$85.26	\$92.26
Employee + Children of both	\$1,030.84	\$828.40	-	\$177.52	\$177.52	-
Employee + DP + EE's Child(ren)	\$1,769.86	\$828.40	\$472.20	\$423.54	\$177.52	\$246.02
Employee + DP + DP's Child(ren)	\$1,769.86	\$651.32	\$649.28	\$423.54	\$85.26	\$338.28
Employee + DP + Children of both	\$1,769.86	\$828.40	\$472.20	\$423.54	\$177.52	\$246.02

-- 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.

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Active State Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide EPO/HMO					
	Exclusive Provider Organization 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	\$1,690.93	\$651.32	\$472.21	\$523.25	\$181.24	\$342.01
Employee + DP's Child(ren)	\$1,167.10	\$651.32	\$177.08	\$309.50	\$181.24	\$128.26
Employee + Children of both	\$1,167.10	\$828.40	-	\$309.50	\$309.50	-
Employee + DP + EE's Child(ren)	\$2,005.22	\$828.40	\$472.20	\$651.51	\$309.50	\$342.01
Employee + DP + DP's Child(ren)	\$2,005.22	\$651.32	\$649.28	\$651.51	\$181.24	\$470.27
Employee + DP + Children of both	\$2,005.22	\$828.40	\$472.20	\$651.51	\$309.50	\$342.01

-- 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.

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State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO			
	Consumer Driven Health Plan (CDHP-PPO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,408.60	\$436.29	\$316.31	\$635.73
Retiree + DP's Child(ren)	\$970.97	\$436.29	\$118.62	\$403.26
Employee + Children of both	\$970.97	\$554.91	-	\$403.26
Retiree + DP + EE's Child(ren)	\$1,671.16	\$554.91	\$316.31	\$775.18
Retiree + DP + DP's Child(ren)	\$1,671.16	\$436.93	\$434.93	\$775.18
Retiree + DP + Children of both	\$1,671.16	\$554.91	\$316.31	\$775.18

- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.
- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO			
	Low Deductible (LD-PPO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,486.24	\$436.29	\$316.31	\$695.72
Retiree + DP's Child(ren)	\$1,024.35	\$436.29	\$118.62	\$444.52
Retiree + Children of both	\$1,024.35	\$554.91	-	\$444.52
Retiree + DP + EE's Child(ren)	\$1,763.38	\$554.91	\$316.31	\$846.44
Retiree + DP + DP's Child(ren)	\$1,763.38	\$436.29	\$434.93	\$846.44
Retiree + DP + Children of both	\$1,763.38	\$554.91	\$316.31	\$846.44

- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.
- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide EPO/HMO			
	Exclusive Provider Organization Plan (EPO) and Health Plan of Nevada (HPN-HMO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,684.44	\$436.29	\$316.31	\$887.69
Retiree + DP's Child(ren)	\$1,160.63	\$436.29	\$118.62	\$576.52
Retiree + Children of both	\$1,160.63	\$554.91	-	\$576.52
Retiree + DP + EE's Child(ren)	\$1,998.74	\$554.91	\$316.31	\$1,074.41
Retiree + DP + DP's Child(ren)	\$1,998.74	\$436.29	\$434.93	\$1,074.41
Retiree + DP + Children of both	\$1,998.74	\$554.91	\$316.31	\$1,074.41

- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.
- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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Non-State Active Employee Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Nationwide PPO			Nationwide PPO			Statewide EPO/HMO		
	Consumer Driven Health Plan (CDHP-PPO)			Low Deductible (LD-PPO)			Exclusive Provider Organization 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 + DP	\$1,979.98	-	\$1,979.98	\$2,112.10	-	\$2,112.10	\$2,135.54	-	\$2,135.54
Employee + DP's Child(ren)	\$1,365.83	-	\$1,365.83	\$1,456.66	-	\$1,456.66	\$1,472.77	-	\$1,472.77
Employee + Children of both	\$1,365.83	-	\$1,365.83	\$1,456.66	-	\$1,456.66	\$1,472.77	-	\$1,472.77
Employee + DP + EE's Child(ren)	\$2,348.47	-	\$2,348.47	\$2,505.37	-	\$2,505.37	\$2,533.20	-	\$2,533.20
Employee + DP + DP's Child(ren)	\$2,348.47	-	\$2,348.47	\$2,505.37	-	\$2,505.37	\$2,533.20	-	\$2,533.20
Employee + DP + Children of both	\$2,348.47	-	\$2,348.47	\$2,505.37	-	\$2,505.37	\$2,533.20	-	\$2,533.20

--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.

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Non-State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO			
	Consumer Driven Health Plan (CDHP-PPO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$1,973.51	\$718.74	\$598.77	\$635.73
Retiree + DP's Child(ren)	\$1,359.35	\$718.74	\$224.55	\$403.26
Employee + Children of both	\$1,359.35	\$943.29	-	\$403.26
Retiree + DP + EE's Child(ren)	\$2,341.99	\$943.29	\$598.76	\$775.18
Retiree + DP + DP's Child(ren)	\$2,341.99	\$718.74	\$823.31	\$775.18
Retiree + DP + Children of both	\$2,341.99	\$943.329	\$598.76	\$775.18

-- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.

-- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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Non-State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide/Nationwide PPO			
	Low Deductible (LD-PPO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$2,105.62	\$745.98	\$626.00	\$695.72
Retiree + DP's Child(ren)	\$1,450.18	\$745.98	\$234.76	\$444.52
Retiree + Children of both	\$1,450.18	\$980.74	-	\$444.52
Retiree + DP + EE's Child(ren)	\$2,498.90	\$980.74	\$626.00	\$846.44
Retiree + DP + DP's Child(ren)	\$2,498.90	\$745.98	\$860.76	\$846.44
Retiree + DP + Children of both	\$2,498.90	\$980.74	\$626.00	\$846.44

-- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.

-- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.

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

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Non-State Retiree Domestic Partner Rates

Monthly Rates Effective July 1, 2024 - June 30, 2025	Statewide EPO/HMO			
	Exclusive Provider Organization Plan (EPO) and Health Plan of Nevada (HPN-HMO)			
	Unsubsidized Rate	*Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	\$2,129.06	\$658.60	\$538.62	\$887.69
Retiree + DP's Child(ren)	\$1,466.30	\$658.60	\$201.98	\$576.52
Retiree + Children of both	\$1,466.30	\$860.58	-	\$576.52
Retiree + DP + EE's Child(ren)	\$2,526.72	\$860.58	\$538.62	\$1,074.41
Retiree + DP + DP's Child(ren)	\$2,526.72	\$658.60	\$740.60	\$1,074.41
Retiree + DP + Children of both	\$2,526.72	\$860.58	\$538.62	\$1,074.41

- 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 [Plan Year 2025 State and Non-State Retiree Years of Service Subsidy table on page 17](#). 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 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.
- 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 CDHP, LD, EPO or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional \$135.50 from the participant premium.
- * Does not include rate adjustments paid/credited with PEBP reserves.

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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 **BETWEEN January 1, 2010, and December 31, 2011**, who retire with fewer than 15 years of service, and who are not disabled, do not receive a years of service subsidy.
- Employees 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.

Note: Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

PY25 Retirees Enrolled in the CDHP/LD/EPO/HPN Plan	
Years of Service	Subsidy
5	+\$400.50
6	+\$360.45
7	+\$320.40
8	+\$280.35
9	+\$240.30
10	+\$200.25
11	+\$160.20
12	+\$120.15
13	+\$80.10
14	+\$40.05
15 (base)	-
16	-\$40.05
17	-\$80.10
18	-\$120.15
19	-\$160.20
20	-\$200.25

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Retiree Medicare Exchange 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).
- Those retirees 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.
- Employees who were initially hired **ON OR AFTER January 1, 2012**, do not receive an Exchange HRA.

Plan Year 2025 Monthly PEBP Dental Rates Medicare Retirees Enrolled with Via Benefits		
Effective July 1, 2024 – June 30, 2025	State Retiree	Non-State Retiree
Retiree only	\$50.66	\$44.99
Retiree + Spouse/DP*	\$101.32	\$89.98
Surviving/Unsubsidized Spouse/DP*	\$50.66	\$44.99

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

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Plan Year 2025 COBRA Rates

--COBRA participants do not qualify for Life Insurance.

--COBRA participants do not receive a subsidy.

Monthly Rates July 1, 2024 – June 30, 2025	Nationwide PPO	Nationwide PPO	Statewide EPO/HMO
	Consumer Driven Health Plan (CDHP - PPO)	Low Deductible (LD-PPO)	Exclusive Provider Organization Plan (EPO) and Health Plan of Nevada (HPN-HMO)
State Employee			
Employee	\$729.18	\$768.77	\$869.86
Employee + Spouse/DP	\$1,443.37	\$1,522.58	\$1,724.75
Employee + Child(ren)	\$997.01	\$1,051.46	\$1,190.44
Employee + Family	\$1,711.19	\$1,805.26	\$2,045.32
State Retiree			
Retiree	\$722.58	\$762.17	\$863.26
Retiree + Spouse/DP	\$1,436.77	\$1,515.96	\$1,718.13
Retiree + Child(ren)	\$990.39	\$1,044.84	\$1,183.84
Retiree + Family	\$1,704.58	\$1,798.65	\$2,038.71
Spouse/DP Only	\$722.57	\$762.16	\$863.25
Spouse/DP + Child(ren)	\$990.40	\$1,044.85	\$1,183.83
Non-State Employee			
Employee	\$1,017.28	\$1,084.66	\$1,096.61
Employee + Spouse/DP	\$2,019.58	\$2,154.34	\$2,178.25
Employee + Child(ren)	\$1,393.15	\$1,485.79	\$1,502.23
Employee + Family	\$2,395.44	\$2,555.48	\$2,583.86
Non-State Retiree			
Retiree	\$1,010.68	\$1,078.06	\$1,090.01
Retiree + Spouse/DP	\$2,012.98	\$2,147.73	\$2,171.64
Retiree + Child(ren)	\$1,386.54	\$1,479.18	\$1,495.63
Retiree + Family	\$2,388.83	\$2,548.88	\$2,577.25
Spouse/DP Only	\$1,010.68	\$1,078.06	\$1,090.01
Spouse/DP + Child(ren)	\$1,386.55	\$1,479.18	\$1,495.63