

RATES EFFECTIVE 01/01/22

**CLARK COUNTY, NEVADA
AND AFFILIATES
RATES EXHIBIT A**

<u>LIFE INSURANCE</u>	<u>RATES</u>
Employee	\$0.042*
Retiree	\$0.040*
*Per \$1,000 of coverage	
Spouse	\$1.54
Children	\$1.54
Spouse/Children	\$1.54

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

ACTIVE EMPLOYEE RATES & EMPLOYEES WHO RETIRED BEFORE 12/31/02

Employee	\$528.10
Spouse	\$460.11
Children	\$438.66
Spouse/Children	\$852.69
Retiree Medicare	\$354.88
Spouse Medicare	\$445.38

RETIREE RATES FOR EMPLOYEES WHO RETIRED 01/01/03 & AFTER

	<u>0-5 Years of Service</u>	<u>6-9 Years of Service</u>	<u>10 or More Years of Service</u>
Retiree	\$633.71	\$580.91	\$528.10
Spouse	\$552.13	\$506.12	\$460.11
Children	\$527.22	\$482.54	\$438.66
Spouse/Children	\$1,023.23	\$937.97	\$852.69
Retiree Medicare	\$425.84	\$390.36	\$354.88
Spouse Medicare	\$534.46	\$489.93	\$445.38

Effective January 1, 2003, employees that retire from one of the participating public entities and elect to continue their health benefit coverage through this program, will remit the corresponding retiree premium rate as outlined in Exhibit "A" based on their cumulative years of service with any of the public entities within the benefit plan. Years of service is defined as the total of all years of service worked at any of the participating entities covered by this plan since 1984, or from the date any new entity joined the Clark County Self-Funded Group Medical and Dental Benefits Plans.

PREFERRED PROVIDER ORGANIZATION MEDICAL/DENTAL

RATES FOR RETIREES WITH PART B MEDICARE ONLY

	<u>0-5 Years of Service</u>	<u>6-9 Years of Service</u>	<u>10 or More Years of Service</u>
Member Only	\$579.63	\$526.83	\$474.03
Member & Spouse both Medicare Part B	\$1,077.69	\$978.89	\$880.06
Member & Spouse one Medicare Part B	\$1,131.76	\$1,032.97	\$934.14
Member & Child	\$1,106.85	\$1,009.38	\$912.69
Member & Family both Medicare Part B	\$1,548.78	\$1,410.74	\$1,272.65
Member & Family one Medicare Part B	\$1,602.86	\$1,464.81	\$1,326.72

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Effective January 1, 2008, premiums will be rounded down by one half of one cent for employees that are working less than 40 hours per week and are responsible for a prorated share of their health benefit cost.

EXCLUSIVE PROVIDER ONLY MEDICAL/DENTAL/VISION

ACTIVE EMPLOYEE RATES & RETIREE RATES

Employee	\$616.85
Spouse	\$538.01
Children	\$512.65
Spouse/Children	\$1,008.11
Retiree Medicare	\$616.85
Spouse Medicare	\$538.01
Surviving Spouse Medicare	\$616.85

RATES EFFECTIVE 01/01/22

**CLARK COUNTY, NEVADA
AND AFFILIATES
MONTHLY COBRA RATES FOR CONTINUATION COVERAGE
UNDER THE SELF-FUNDED GROUP MEDICAL AND DENTAL BENEFITS PLANS
EXHIBIT B**

**PREFERRED PROVIDER ORGANIZATION
EMPLOYEE & NON-PERS RETIREES COBRA RATES**

	<u>RATES</u>
Member Only	\$542.84
Member & Spouse	\$1,014.60
Member & Child	\$992.88
Member & Family	\$1,418.88

**EXCLUSIVE PROVIDER ONLY
EMPLOYEE & NON-PERS RETIREES COBRA RATES**

	<u>RATES</u>
Member Only	\$629.19
Member & Spouse	\$1,177.96
Member & Child	\$1,152.09
Member & Family	\$1,657.46

The above rates for continuation of coverage represent 102 percent of the applicable premium for similarly situated beneficiaries of the Plans with respect to whom a qualifying event has not occurred pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), P.L. 99-272, Title X, Section 10003, 100 Stat. 82, 232-237. Clark County Risk Management will collect the entire continuation of coverage rate from the individual who has requested continued coverage.