

**CITY OF CARSON CITY
PREMIUM RATES FOR ALL LINES OF COVERAGE 07/01/2016 THROUGH 06/30/2017**

Active Employees/ Life Other/CCEA	HMO RX 15/40/60				POS (Point of Service) RX 15/40/60			
	EE	EE+Sp	EE+Ch	EE+Fam	EE	EE+Sp	EE+Ch	EE+Fam
Medical	\$ 505.86	\$ 1,037.19	\$ 970.62	\$ 1,585.19	\$ 566.55	\$ 1,161.61	\$ 1,087.05	\$ 1,775.36
Dental	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28
Vision	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55
Life/AD&D	\$ 9.00	\$ 9.30	\$ 9.30	\$ 9.30	\$ 9.00	\$ 9.30	\$ 9.30	\$ 9.30
Monthly Premium	\$ 573.43	\$ 1,128.19	\$ 1,082.67	\$ 1,724.32	\$ 634.12	\$ 1,252.61	\$ 1,199.10	\$ 1,914.49
City Cost per Month	\$ 573.43	\$ 934.02	\$ 904.44	\$ 1,321.51	\$ 573.43	\$ 934.02	\$ 904.44	\$ 1,321.51
Employee Cost per Month	\$ 194.17	\$ 178.23	\$ 402.81	\$ 402.81	\$ 60.69	\$ 318.59	\$ 294.66	\$ 592.98
Employee Cost per Pay Period (24)	\$ 97.09	\$ 89.12	\$ 201.41	\$ 201.41	\$ 30.35	\$ 159.30	\$ 147.33	\$ 296.49
This amount reflects a contractual obligation of subsidy of 65% of dependent coverage.								
pos/hmo difference \$ 60.69 \$ 124.42 \$ 116.43 \$ 190.17								

Active Employees/Unclassified or Elected	HMO RX 15/40/60				POS (Point of Service) RX 15/40/60			
	EE	EE+Sp	EE+Ch	EE+Fam	EE	EE+Sp	EE+Ch	EE+Fam
Medical	\$ 505.86	\$ 1,037.19	\$ 970.62	\$ 1,585.19	\$ 566.55	\$ 1,161.61	\$ 1,087.05	\$ 1,775.36
Dental	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28
Vision	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55
Life/AD&D	\$ 15.75	\$ 16.05	\$ 16.05	\$ 16.05	\$ 15.75	\$ 16.05	\$ 16.05	\$ 16.05
Monthly Premium	\$ 580.18	\$ 1,134.94	\$ 1,089.42	\$ 1,731.07	\$ 640.87	\$ 1,259.36	\$ 1,205.85	\$ 1,921.24
City Cost per Month	\$ 580.18	\$ 857.56	\$ 834.80	\$ 1,155.62	\$ 580.18	\$ 857.56	\$ 834.80	\$ 1,155.62
Employee Cost per Month	\$ 277.38	\$ 254.62	\$ 575.45	\$ 575.45	\$ 60.69	\$ 401.80	\$ 371.05	\$ 765.62
Employee Cost per Pay Period (24)	\$ 138.69	\$ 127.31	\$ 287.73	\$ 287.73	\$ 30.35	\$ 200.90	\$ 185.53	\$ 382.81
This amount reflects a contractual obligation of subsidy of 50% of dependent coverage.								
pos/hmo difference \$ 60.69 \$ 124.42 \$ 116.43 \$ 190.17								

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Active Employees/Sheriff's Contracts	HMO RX 15/40/60				POS (Point of Service) RX 15/40/60			
	EE	EE+Sp	EE+Ch	EE+Fam	EE	EE+Sp	EE+Ch	EE+Fam
Medical	\$ 505.86	\$ 1,037.19	\$ 970.62	\$ 1,585.19	\$ 566.55	\$ 1,161.61	\$ 1,087.05	\$ 1,775.36
Dental	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28	\$ 52.30	\$ 73.56	\$ 93.02	\$ 114.28
Vision	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55	\$ 6.27	\$ 8.14	\$ 9.73	\$ 15.55
Life/AD&D	\$ 20.90	\$ 21.20	\$ 21.20	\$ 21.20	\$ 20.90	\$ 21.20	\$ 21.20	\$ 21.20
Monthly Premium	\$ 585.33	\$ 1,140.09	\$ 1,094.57	\$ 1,736.22	\$ 646.02	\$ 1,264.51	\$ 1,211.00	\$ 1,926.39
City Cost per Month	\$ 585.33	\$ 945.92	\$ 916.34	\$ 1,333.41	\$ 585.33	\$ 945.92	\$ 916.34	\$ 1,333.41
Employee Cost per Month	\$ 194.17	\$ 178.23	\$ 402.81	\$ 402.81	\$ 60.69	\$ 318.59	\$ 294.66	\$ 592.98
Employee Cost per Pay Period (24)	\$ 97.09	\$ 89.12	\$ 201.41	\$ 201.41	\$ 30.35	\$ 159.30	\$ 147.33	\$ 296.49
This amount reflects a contractual obligation of subsidy of 65% of dependent coverage.								
pos/hmo difference \$ 60.69 \$ 124.42 \$ 116.43 \$ 190.17								