

10/2/2014

**City of Henderson Funding Requirements - 2015 Plan Year  
Self-Funded Plan**

| City Self-Funded Plan - Actives  | Medical     | Dental * | Vision   | LTD      | Life/AD&D | EAP     | Total Cost  |
|----------------------------------|-------------|----------|----------|----------|-----------|---------|-------------|
| Employee Only                    | \$ 465.01   | \$ 28.88 | \$ 6.62  | \$ 14.50 | \$ 9.00   | \$ 4.30 | \$ 528.31   |
| Employee plus Spouse/DP          | \$ 953.26   | \$ 59.20 | \$ 13.58 | \$ 14.50 | \$ 9.00   | \$ 4.30 | \$ 1,053.84 |
| Employee plus 1 or more children | \$ 837.01   | \$ 51.98 | \$ 11.92 | \$ 14.50 | \$ 9.00   | \$ 4.30 | \$ 928.71   |
| Employee, Spouse and Child(ren)  | \$ 1,325.26 | \$ 82.31 | \$ 18.88 | \$ 14.50 | \$ 9.00   | \$ 4.30 | \$ 1,454.25 |

\* Self-Funded Dental Rate

| City Self-Funded Plan - COBRA    | Medical     | Dental   | Vision   | LTD  | Life | EAP     | Total       | Charge***   |
|----------------------------------|-------------|----------|----------|------|------|---------|-------------|-------------|
| Employee Only                    | \$ 465.01   | \$ 28.88 | \$ 6.62  | \$ - | \$ - | \$ 4.30 | \$ 504.81   | \$ 514.91   |
| Employee plus Spouse/DP          | \$ 953.26   | \$ 59.20 | \$ 13.58 | \$ - | \$ - | \$ 4.30 | \$ 1,030.34 | \$ 1,050.95 |
| Employee plus 1 or more children | \$ 837.01   | \$ 51.98 | \$ 11.92 | \$ - | \$ - | \$ 4.30 | \$ 905.21   | \$ 923.31   |
| Employee, Spouse and Child(ren)  | \$ 1,325.26 | \$ 82.31 | \$ 18.88 | \$ - | \$ - | \$ 4.30 | \$ 1,430.75 | \$ 1,459.37 |
| Child or Children Only           | \$ 372.00   | \$ 41.58 | \$ 9.54  | \$ - | \$ - | \$ 4.30 | \$ 427.42   | \$ 435.97   |

\*\*\*COBRA charges include 2% administrative fee

**City Self-Funded Plan - Early Retiree Rates (pre-65) and Post 65 Retirees Not Eligible for Medicare**

|  | Medical     | Dental   | Vision   | LTD  | Life*   | Total Charge |
|--|-------------|----------|----------|------|---------|--------------|
| Pre-65 Retiree Only                    | \$ 465.01   | \$ 28.88 | \$ 6.62  | \$ - | \$ 4.50 | \$ 505.01    |
| Pre-65 Retiree plus Spouse/DP          | \$ 953.26   | \$ 59.20 | \$ 13.58 | \$ - | \$ 4.50 | \$ 1,030.54  |
| Pre-65 Retiree plus 1 or more children | \$ 837.01   | \$ 51.98 | \$ 11.92 | \$ - | \$ 4.50 | \$ 905.41    |
| Pre-65 Retiree, Spouse + Child(ren)    | \$ 1,325.26 | \$ 82.31 | \$ 18.88 | \$ - | \$ 4.50 | \$ 1,430.95  |

\*Late retirees do not have life insurance

**Extend Health Dependent Premium (under 65)**

|                        | Medical   | Dental   | Vision   | LTD  | Life | Total Charge |
|------------------------|-----------|----------|----------|------|------|--------------|
| Spouse Only            | \$ 465.01 | \$ 28.28 | \$ 6.62  | \$ - | \$ - | \$ 476.07    |
| Spouse plus Child(ren) | \$ 837.01 | \$ 51.98 | \$ 11.92 | \$ - | \$ - | \$ 977.17    |
| Child(ren) Only*       | \$ 372.00 | \$ 23.10 | \$ 5.30  | \$ - | \$ - | \$ 400.40    |

**Child or Children Only Medical Premium Calculation\***

|                                    |                  |  |
|------------------------------------|------------------|--|
| Pre-65 Adult + Children            | \$ 837.01        | Same as Employee plus child(ren) rate        |
| Pre-65 Adult                       | \$ 465.01        | Same as Employee only rate                   |
| <b>Child or Children Only Rate</b> | <b>\$ 372.00</b> | Set at 80% of Employee only rate (.40 + .40) |

**Child or Children Only Dental Premium Calculation\***

|                                    |                 |  |
|------------------------------------|-----------------|--|
| Pre-65 Adult + Children            | \$ 51.98        | Same as Employee plus child(ren) rate        |
| Pre-65 Adult                       | \$ 28.88        | Same as Employee only rate                   |
| <b>Child or Children Only Rate</b> | <b>\$ 23.10</b> | Set at 80% of Employee only rate (.40 + .40) |

**Child or Children Only Vision Premium Calculation\***

|                                    |                |  |
|------------------------------------|----------------|--|
| Pre-65 Adult + Children            | \$ 11.92       | Same as Employee plus child(ren) rate        |
| Pre-65 Adult                       | \$ 6.62        | Same as Employee only rate                   |
| <b>Child or Children Only Rate</b> | <b>\$ 5.30</b> | Set at 80% of Employee only rate (.40 + .40) |

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**City of Henderson Rate Breakdown - 2015 Plan Year  
Health Plan of Nevada**

| Health Plan of Nevada - Actives  | Medical     | Dental * | Vision   | LTD      | Life    | EAP     | Total Cost  |
|----------------------------------|-------------|----------|----------|----------|---------|---------|-------------|
| Employee Only                    | \$ 390.02   | \$ 28.88 | \$ 6.62  | \$ 14.50 | \$ 9.00 | \$ 4.30 | \$ 453.32   |
| Employee plus Spouse/DP          | \$ 799.54   | \$ 59.20 | \$ 13.58 | \$ 14.50 | \$ 9.00 | \$ 4.30 | \$ 900.12   |
| Employee plus 1 or more children | \$ 702.05   | \$ 51.98 | \$ 11.92 | \$ 14.50 | \$ 9.00 | \$ 4.30 | \$ 793.75   |
| Employee, Spouse and Child(ren)  | \$ 1,111.58 | \$ 82.31 | \$ 18.88 | \$ 14.50 | \$ 9.00 | \$ 4.30 | \$ 1,240.57 |

\* includes Delta Dental

| Health Plan of Nevada - COBRA    | Medical     | Dental   | Vision   | LTD  | Life | EAP     | Total       | Charge***   |
|----------------------------------|-------------|----------|----------|------|------|---------|-------------|-------------|
| Employee Only                    | \$ 390.02   | \$ 28.88 | \$ 6.62  | \$ - | \$ - | \$ 4.30 | \$ 429.82   | \$ 438.42   |
| Employee plus Spouse/DP          | \$ 799.54   | \$ 59.20 | \$ 13.58 | \$ - | \$ - | \$ 4.30 | \$ 872.32   | \$ 889.77   |
| Employee plus 1 or more Children | \$ 702.05   | \$ 51.98 | \$ 11.92 | \$ - | \$ - | \$ 4.30 | \$ 765.95   | \$ 781.27   |
| Employee, spouse + Child(ren)    | \$ 1,111.58 | \$ 82.31 | \$ 18.88 | \$ - | \$ - | \$ 4.30 | \$ 1,212.77 | \$ 1,237.03 |
| Child or Children Only           | \$ 390.02   | \$ 41.58 | \$ 9.54  | \$ - | \$ - | \$ 2.50 | \$ 443.64   | \$ 452.51   |

\*\*\*COBRA charges include 2% administrative fee

**Health Plan of Nevada - Early Retirees (Pre-65)**

|  | Medical     | Dental   | Vision   | LTD  | Life*   | Total Charge |
|--|-------------|----------|----------|------|---------|--------------|
| Pre-65 Retiree Only                    | \$ 390.02   | \$ 28.88 | \$ 6.62  | \$ - | \$ 4.50 | \$ 430.02    |
| Pre-65 Retiree plus Spouse/DP          | \$ 799.54   | \$ 59.20 | \$ 13.58 | \$ - | \$ 4.50 | \$ 876.82    |
| Pre-65 Retiree plus 1 or more Children | \$ 702.05   | \$ 51.98 | \$ 11.92 | \$ - | \$ 4.50 | \$ 770.45    |
| Pre-65 Retiree, Spouse + Child(ren)    | \$ 1,111.58 | \$ 82.31 | \$ 18.88 | \$ - | \$ 4.50 | \$ 1,217.27  |

\*Late retirees do not have life insurance

**Health Plan of Nevada - Extend Health Dependent Premium (under 65)**

|                        | Medical   | Dental   | Vision   | LTD  | Life | Total Charge |
|------------------------|-----------|----------|----------|------|------|--------------|
| Spouse Only            | \$ 390.02 | \$ 28.28 | \$ 6.62  | \$ - | \$ - | \$ 424.92    |
| Spouse plus Child(ren) | \$ 702.05 | \$ 51.98 | \$ 11.92 | \$ - | \$ - | \$ 765.95    |
| Child(ren) Only*       | \$ 390.02 | \$ 23.10 | \$ 5.30  | \$ - | \$ - | \$ 418.42    |

\*HPN sets Child(ren) rate = Adult only rate

**2015 COBRA and Retiree Rates, Actual Dental Costs**

**City Self-Funded Plan - COBRA**

|                                  | <u>Medical</u> | <u>SF Dental</u> | <u>Vision</u> | <u>LTD</u> | <u>Life</u> | <u>EAP</u> | <u>Total</u> | <u>Charge***</u> |
|----------------------------------|----------------|------------------|---------------|------------|-------------|------------|--------------|------------------|
| Employee Only                    | \$ 465.01      | \$ 28.88         | \$ 6.62       | \$ -       | \$ -        | \$ 4.30    | \$ 504.81    | \$ 514.91        |
| Employee plus Spouse/DP          | \$ 953.26      | \$ 59.20         | \$ 13.58      | \$ -       | \$ -        | \$ 4.30    | \$ 1,030.34  | \$ 1,050.95      |
| Employee plus 1 or more children | \$ 837.01      | \$ 51.98         | \$ 11.92      | \$ -       | \$ -        | \$ 4.30    | \$ 905.21    | \$ 923.31        |
| Employee, Spouse and Child(ren)  | \$ 1,325.26    | \$ 82.31         | \$ 18.88      | \$ -       | \$ -        | \$ 4.30    | \$ 1,430.75  | \$ 1,459.37      |

\*\*\*COBRA charges include 2% administrative fee

**City Self-Funded Plan - COBRA**

|                                  | <u>Medical</u> | <u>Delta</u> | <u>Vision</u> | <u>LTD</u> | <u>Life</u> | <u>EAP</u> | <u>Total</u> | <u>Charge***</u> |
|----------------------------------|----------------|--------------|---------------|------------|-------------|------------|--------------|------------------|
| Employee Only                    | \$ 465.01      | \$ 49.27     | \$ 6.62       | \$ -       | \$ -        | \$ 4.30    | \$ 525.20    | \$ 535.70        |
| Employee plus Spouse/DP          | \$ 953.26      | \$ 101.03    | \$ 13.58      | \$ -       | \$ -        | \$ 4.30    | \$ 1,072.17  | \$ 1,093.61      |
| Employee plus 1 or more children | \$ 837.01      | \$ 88.69     | \$ 11.92      | \$ -       | \$ -        | \$ 4.30    | \$ 941.92    | \$ 960.76        |
| Employee, Spouse and Child(ren)  | \$ 1,325.26    | \$ 140.45    | \$ 18.88      | \$ -       | \$ -        | \$ 2.50    | \$ 1,487.09  | \$ 1,516.83      |

\*\*\*COBRA charges include 2% administrative fee

**City Self-Funded Plan - Early Retiree Rates (pre-65) and Post 65 Retirees Not Eligible for Medicare**

|  | <u>Medical</u> | <u>SF Dental</u> | <u>Vision</u> | <u>LTD</u> | <u>Life*</u> | <u>Total Charge</u> |
|--|----------------|------------------|---------------|------------|--------------|---------------------|
| Pre-65 Retiree Only                    | \$ 465.01      | \$ 28.88         | \$ 6.62       | \$ -       | \$ 4.50      | \$ 505.01           |
| Pre-65 Retiree plus Spouse/DP          | \$ 953.26      | \$ 59.20         | \$ 13.58      | \$ -       | \$ 4.50      | \$ 1,030.54         |
| Pre-65 Retiree plus 1 or more children | \$ 837.01      | \$ 51.98         | \$ 11.92      | \$ -       | \$ 4.50      | \$ 905.41           |
| Pre-65 Retiree, Spouse + Child(ren)    | \$ 1,325.26    | \$ 82.31         | \$ 18.88      | \$ -       | \$ 4.50      | \$ 1,430.95         |

\*Late retirees do not have life insurance

**City Self-Funded Plan - Early Retiree Rates (pre-65) and Post 65 Retirees Not Eligible for Medicare**

|  | <u>Medical</u> | <u>Delta</u> | <u>Vision</u> | <u>LTD</u> | <u>Life*</u> | <u>Total Charge</u> |
|--|----------------|--------------|---------------|------------|--------------|---------------------|
| Pre-65 Retiree Only                    | \$ 465.01      | \$ 49.27     | \$ 6.62       | \$ -       | \$ 4.50      | \$ 525.40           |
| Pre-65 Retiree plus Spouse/DP          | \$ 953.26      | \$ 101.03    | \$ 13.58      | \$ -       | \$ 4.50      | \$ 1,072.37         |
| Pre-65 Retiree plus 1 or more children | \$ 837.01      | \$ 88.69     | \$ 11.92      | \$ -       | \$ 4.50      | \$ 942.12           |
| Pre-65 Retiree, Spouse + Child(ren)    | \$ 1,325.26    | \$ 140.45    | \$ 18.88      | \$ -       | \$ 4.50      | \$ 1,489.09         |

\*Late retirees do not have life insurance