



Group Health Insurance Rates *PER PAYCHECK*

Two (2) paychecks per month only 24 payments per year

Effective: January 1, 2025

CLARK COUNTY SELF FUNDED	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$107.59	\$204.39	\$193.45	\$283.59
.6 (24 hrs/week)	\$104.29	\$197.99	\$187.51	\$274.49
.7 (28 hrs/week)	\$100.97	\$191.53	\$181.57	\$265.41
.8 or above (32+ hrs/week)	\$18.16	\$139.11	\$130.65	\$205.03
VISION – ONE PAYCHECK (1ST PP)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$0.24	\$0.68	\$0.49	\$1.14
.6 (24 hrs/week)	\$0.24	\$0.68	\$0.49	\$1.14
.7 (28 hrs/week)	\$0.24	\$0.68	\$0.49	\$1.14
.8 or above (32+ hrs/week)	\$0.00	\$0.68	\$0.49	\$1.14
EXCLUSIVE PROVIDER ORG (EPO)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$112.57	\$214.94	\$201.75	\$294.27
.6 (24 hrs/week)	\$109.71	\$209.23	\$196.65	\$286.61
.7 (28 hrs/week)	\$106.83	\$199.78	\$190.76	\$278.93
.8 or above (32+ hrs/week)	\$19.00	\$157.69	\$147.55	\$227.23

BASIC LIFE INSURANCE BENEFIT

(INCLUDED IN PREMIUM PAYMENTS LISTED ABOVE)

Employee	\$20,000 plus \$20,000 AD&D
Spouse	\$5,000
Child (Age 6 months or more)	\$2,500
Child (age 14 days to 6 months)	\$1,000

Note: Dependents are covered under the basic life insurance policy *only if* the employee has covered the dependent under one of the health plans listed above.