



Group Health Insurance Rates *PER PAYCHECK*

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

Effective: January 1, 2026

CLARK COUNTY SELF FUNDED	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$113.53	\$215.50	\$204.32	\$299.12
.6 (24 hrs/week)	\$110.23	\$209.10	\$198.38	\$290.02
.7 (28 hrs/week)	\$106.91	\$202.64	\$192.44	\$280.94
.8 or above (32+ hrs/week)	\$24.10	\$150.22	\$141.52	\$220.62
VISION – ONE PAYCHECK (1ST PP)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$0.29	\$0.76	\$0.57	\$1.20
.6 (24 hrs/week)	\$0.29	\$0.76	\$0.57	\$1.20
.7 (28 hrs/week)	\$0.29	\$0.76	\$0.57	\$1.20
.8 or above (32+ hrs/week)	\$0.05	\$0.76	\$0.57	\$1.20
EXCLUSIVE PROVIDER ORG (EPO)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$119.44	\$227.80	\$214.33	\$312.37
.6 (24 hrs/week)	\$116.58	\$222.09	\$209.23	\$304.71
.7 (28 hrs/week)	\$113.70	\$212.64	\$203.34	\$297.03
.8 or above (32+ hrs/week)	\$25.87	\$170.55	\$160.13	\$245.33

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.