



Group Health Insurance Rates *PER PAYCHECK*

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

Effective: January 1, 2024

CLARK COUNTY SELF FUNDED	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$101.93	\$193.81	\$183.10	\$268.80
.6 (24 hrs/week)	\$98.63	\$187.41	\$177.16	\$259.70
.7 (28 hrs/week)	\$95.31	\$180.95	\$171.22	\$250.62
.8 or above (32+ hrs/week)	\$12.50	\$128.53	\$120.30	\$190.30
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)	\$106.03	\$202.69	\$189.77	\$277.04
.6 (24 hrs/week)	\$103.17	\$196.98	\$184.67	\$269.38
.7 (28 hrs/week)	\$100.29	\$187.53	\$178.78	\$261.70
.8 or above (32+ hrs/week)	\$12.46	\$145.44	\$135.57	\$210.00

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.