



Group Health Insurance Rates *PER PAYCHECK*

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

Effective: January 1, 2027

CLARK COUNTY SELF FUNDED	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$119.77	\$227.17	\$215.74	\$315.42
.6 (24 hrs/week)	\$116.47	\$220.77	\$209.80	\$306.32
.7 (28 hrs/week)	\$113.15	\$214.31	\$203.86	\$297.24
.8 or above (32+ hrs/week)	\$30.34	\$161.89	\$152.94	\$236.92
VISION – ONE PAYCHECK (1ST PP)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$0.32	\$0.80	\$0.61	\$1.33
.6 (24 hrs/week)	\$0.32	\$0.80	\$0.61	\$1.33
.7 (28 hrs/week)	\$0.32	\$0.80	\$0.61	\$1.33
.8 or above (32+ hrs/week)	\$0.08	\$0.80	\$0.61	\$1.33
EXCLUSIVE PROVIDER ORG (EPO)	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
.5 (20 hrs/week)	\$126.65	\$241.30	\$227.54	\$331.37
.6 (24 hrs/week)	\$123.79	\$235.59	\$222.44	\$323.71
.7 (28 hrs/week)	\$120.91	\$226.14	\$216.55	\$316.03
.8 or above (32+ hrs/week)	\$33.08	\$184.05	\$173.34	\$264.33

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.