

University Medical Center Group Health Insurance Rates

(Deducted Per Check for 24 Pay Periods)

Effective: January 1, 2019

CLARK COUNTY SELF FUNDED	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
Employees Hired Prior to 5/12/86	\$0.00	\$80.81	\$73.70	\$115.43
<u>Vision</u> -Emp. Hired Prior to 5/12/86	\$0.00	\$0.68	\$0.49	\$1.14
<u>Employees Hired After 5/12/86</u>				
.5 (20 hrs/week)	\$87.89	\$171.90	\$161.55	\$240.18
.6 (24 hrs/week)	\$84.59	\$165.50	\$155.61	\$231.08
.7 (28 hrs/week)	\$81.27	\$159.04	\$149.67	\$222.00
.8 or above (32+ hrs/week)	\$0.00	\$106.62	\$98.75	\$161.68
VISION – MONTHLY (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)	\$0.22	\$0.68	\$0.49	\$1.14
.7 (28 hrs/week)	\$0.22	\$0.68	\$0.49	\$1.14
.8 or above (32+ hrs/week)	\$0.00	\$0.68	\$0.49	\$1.14
HEALTH PLAN OF NEVADA	EMP. ONLY	EMP./SPOUSE	EMP./CHILD(REN)	EMP./FAMILY
Employees Hired Prior to 5/12/86	\$0.00	\$91.16	\$83.65	\$131.37
<u>Employees Hired After 5/12/86</u>				
.5 (20 hrs/week)	\$88.80	\$174.78	\$162.36	\$239.82
.6 (24 hrs/week)	\$85.94	\$169.07	\$157.26	\$232.16
.7 (28 hrs/week)	\$83.06	\$163.35	\$151.37	\$224.48
.8 or above (32+ hrs/week)	\$0.00	\$117.53	\$108.16	\$172.78

BASIC LIFE INSURANCE BENEFIT

(INCLUDED IN PREMIUM PAYMENTS LISTED ABOVE)

Employee	\$20,000 plus \$20,000 AD&D
Spouse of	\$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.