

**WELFARE TRUST RETIREE HEALTH BENEFIT PREMIUMS**  
**JANUARY 1, 2024 - DECEMBER 31, 2024**

<b>Medicare Advantage High</b>							
<b>PPO Medicare Advantage High (Closed Plan - No New Enrollments)</b>							
<b>All with Medicare A &amp; B</b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin Only (w/Medicare)	\$15.75	\$363.25	\$10.34	\$52.20	\$14.20	\$455.74	\$455.74
Admin Only >70 (w/Medicare)	\$15.75	\$363.25	\$10.34	\$52.20	\$7.10	\$448.64	\$448.64
Admin/Spouse (Both w/Medicare)	\$15.75	\$726.50	\$14.98	\$94.20	\$15.20	\$866.63	\$866.63
Admin >70 /Spouse (Both w/Medicare)	\$15.75	\$726.50	\$14.98	\$94.20	\$8.10	\$859.53	\$859.53
<b>PPO Medicare Advantage High (Closed Plan - No New Enrollments)</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on PPO Plan<sup>1</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$1,286.23	\$14.98	\$94.20	\$15.20	\$1,426.36	\$1,426.36
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$1,286.23	\$14.98	\$94.20	\$8.10	\$1,419.26	\$1,419.26
Admin/Children (One w/Medicare)	\$15.75	\$1,189.52	\$14.98	\$101.12	\$15.20	\$1,336.57	\$1,336.57
Admin/Family (One w/Medicare)	\$15.75	\$2,113.62	\$26.92	\$142.24	\$15.20	\$2,313.73	\$2,313.73
Admin/Family (Two w/Medicare)	\$15.75	\$1,553.89	\$26.92	\$142.24	\$15.20	\$1,754.00	\$1,754.00
<b>PPO Medicare Advantage High (Closed Plan - No New Enrollments)</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on HMO Plan<sup>2</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$974.54	\$14.98	\$94.20	\$15.20	\$1,114.67	\$1,114.67
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$974.54	\$14.98	\$94.20	\$8.10	\$1,107.57	\$1,107.57
Admin/Children (One w/Medicare)	\$15.75	\$910.49	\$14.98	\$101.12	\$15.20	\$1,057.54	\$1,057.54
Admin/Family (One w/Medicare)	\$15.75	\$1,522.62	\$26.92	\$142.24	\$15.20	\$1,722.73	\$1,722.73
Admin/Family (Two w/Medicare)	\$15.75	\$1,274.58	\$26.92	\$142.24	\$15.20	\$1,474.69	\$1,474.69
<b>PPO Medicare Advantage High (Closed Plan - No New Enrollments)</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on POS Plan<sup>2</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$1,286.23	\$14.98	\$94.20	\$15.20	\$1,426.36	\$1,426.36
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$1,286.23	\$14.98	\$94.20	\$8.10	\$1,419.26	\$1,419.26
Admin/Children (One w/Medicare)	\$15.75	\$1,189.52	\$14.98	\$101.12	\$15.20	\$1,336.57	\$1,336.57
Admin/Family (One w/Medicare)	\$15.75	\$2,113.62	\$26.92	\$142.24	\$15.20	\$2,313.73	\$2,313.73
Admin/Family (Two w/Medicare)	\$15.75	\$1,553.89	\$26.92	\$142.24	\$15.20	\$1,754.00	\$1,754.00

<sup>1</sup>Participation in the PPO Plan applies to non-Nevada residents only.

<sup>2</sup>Participation in the HMO and POS Plan requires that you reside in the State of Nevada.

**WELFARE TRUST RETIREE HEALTH BENEFIT PREMIUMS****JANUARY 1, 2024 - DECEMBER 31, 2024**

<b>Medicare Advantage Low</b>							
<b>PPO Medicare Advantage Low</b>							
<b>All with Medicare A &amp; B</b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin Only (w/Medicare)	\$15.75	\$241.91	\$10.34	\$52.20	\$14.20	\$334.40	\$334.40
Admin Only >70 (w/Medicare)	\$15.75	\$241.91	\$10.34	\$52.20	\$7.10	\$327.30	\$327.30
Admin/Spouse (Both w/Medicare)	\$15.75	\$483.82	\$14.98	\$94.20	\$15.20	\$623.95	\$623.95
Admin >70 /Spouse (Both w/Medicare)	\$15.75	\$483.82	\$14.98	\$94.20	\$8.10	\$616.85	\$616.85
<b>PPO Medicare Advantage Low</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on PPO Plan<sup>1</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$1,164.89	\$14.98	\$94.20	\$15.20	\$1,305.02	\$1,305.02
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$1,164.89	\$14.98	\$94.20	\$8.10	\$1,297.92	\$1,297.92
Admin/Children (One w/Medicare)	\$15.75	\$1,068.18	\$14.98	\$101.12	\$15.20	\$1,215.23	\$1,215.23
Admin/Family (One w/Medicare)	\$15.75	\$1,992.28	\$26.92	\$142.24	\$15.20	\$2,192.39	\$2,192.39
Admin/Family (Two w/Medicare)	\$15.75	\$1,311.21	\$26.92	\$142.24	\$15.20	\$1,511.32	\$1,511.32
<b>PPO Medicare Advantage Low</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on HMO Plan<sup>2</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$853.20	\$14.98	\$94.20	\$15.20	\$993.33	\$993.33
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$853.20	\$14.98	\$94.20	\$8.10	\$986.23	\$986.23
Admin/Children (One w/Medicare)	\$15.75	\$789.15	\$14.98	\$101.12	\$15.20	\$936.20	\$936.20
Admin/Family (One w/Medicare)	\$15.75	\$1,401.28	\$26.92	\$142.24	\$15.20	\$1,601.39	\$1,601.39
Admin/Family (Two w/Medicare)	\$15.75	\$1,031.90	\$26.92	\$142.24	\$15.20	\$1,232.01	\$1,232.01
<b>PPO Medicare Advantage Low</b>							
<b>One or More with Medicare A &amp; B, Remaining Dependents on POS Plan<sup>2</sup></b>							
Description	Admin Fee	UHC Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Monthly PERS Deduction
Admin/Spouse (One w/Medicare)	\$15.75	\$1,164.89	\$14.98	\$94.20	\$15.20	\$1,305.02	\$1,305.02
Admin >70 /Spouse (One w/Medicare)	\$15.75	\$1,164.89	\$14.98	\$94.20	\$8.10	\$1,297.92	\$1,297.92
Admin/Children (One w/Medicare)	\$15.75	\$1,068.18	\$14.98	\$101.12	\$15.20	\$1,215.23	\$1,215.23
Admin/Family (One w/Medicare)	\$15.75	\$1,992.28	\$26.92	\$142.24	\$15.20	\$2,192.39	\$2,192.39
Admin/Family (Two w/Medicare)	\$15.75	\$1,311.21	\$26.92	\$142.24	\$15.20	\$1,511.32	\$1,511.32

<sup>1</sup>Participation in the PPO Plan applies to non-Nevada residents only.<sup>2</sup>Participation in the HMO and POS Plan requires that you reside in the State of Nevada.