

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

**POS Plan - Retiree Premiums (Nevada Residents Only)**

Description	Admin Fee	HPN/SHL Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Trust Subsidy	Monthly PERS Deduction
Retiree Only	\$15.75	\$971.79	\$10.34	\$52.20	\$14.20	\$1,064.28	-\$22.56	\$1,041.72
Retiree/Spouse	\$15.75	\$1,894.77	\$14.98	\$94.20	\$15.20	\$2,034.90	-\$51.25	\$1,983.65
Retiree/Children	\$15.75	\$1,798.06	\$14.98	\$101.12	\$15.20	\$1,945.11	-\$48.77	\$1,896.34
Retiree/Family	\$15.75	\$2,722.16	\$26.92	\$142.24	\$15.20	\$2,922.27	-\$76.81	\$2,845.46

**HMO Plan - Retiree Premiums (Nevada Residents Only)**

Description	Admin Fee	HPN/SHL Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Trust Subsidy	Monthly PERS Deduction
Retiree Only	\$15.75	\$643.69	\$10.34	\$52.20	\$14.20	\$736.18	-\$24.56	\$711.62
Retiree/Spouse	\$15.75	\$1,254.98	\$14.98	\$94.20	\$15.20	\$1,395.11	-\$55.01	\$1,340.10
Retiree/Children	\$15.75	\$1,190.93	\$14.98	\$101.12	\$15.20	\$1,337.98	-\$52.39	\$1,285.59
Retiree/Family	\$15.75	\$1,803.06	\$26.92	\$142.24	\$15.20	\$2,003.17	-\$79.58	\$1,923.59

**PPO Plan - Retiree Premiums (Non-Nevada Residents Only)**

Description	Admin Fee	HPN/SHL Medical	VSP Vision	Standard Dental	Standard Life	Total Premium	Trust Subsidy	Monthly PERS Deduction
Retiree Only	\$15.75	\$971.79	\$10.34	\$52.20	\$14.20	\$1,064.28	-\$22.56	\$1,041.72
Retiree/Spouse	\$15.75	\$1,894.77	\$14.98	\$94.20	\$15.20	\$2,034.90	-\$51.25	\$1,983.65
Retiree/Children	\$15.75	\$1,798.06	\$14.98	\$101.12	\$15.20	\$1,945.11	-\$48.77	\$1,896.34
Retiree/Family	\$15.75	\$2,722.16	\$26.92	\$142.24	\$15.20	\$2,922.27	-\$76.81	\$2,845.46