2027 Rates and Contributions

Clark County Health Care Plan			
Employees/County = 30/70	$100 Individual In network ($300 out of network) $200 Family In network ($600 out of network)		
	Bi-Weekly Contributions		
	Total Premium Rate:	County	Employee (Per Paycheck)
Single:	$ 487.20	$ 341.04	$ 146.16
Emp + Children	$ 967.26	$ 677.08	$ 290.18
Emp + Spouse	$ 1,159.26	$ 811.48	$ 347.78
Family:	$ 1,446.69	$ 1,012.68	$ 434.01

Clark County Dental Plan			
Employees/County = 20/80			
	Bi-Weekly Contributions		
	Total Premium Rate:	County	Employee (Per Paycheck)
Single:	$ 30.10	$ 24.08	$ 6.02
Emp + Children	$ 60.31	$ 48.25	$ 12.06
Emp + Spouse	$ 72.30	$ 57.84	$ 14.46
Family:	$ 90.42	$ 72.34	$ 18.08

Clark County Vision Plan			
Employees/County = 20/80			
	Bi-Weekly Contributions		
	Total Premium Rate:	County	Employee (Per Paycheck)
Single:	$ 2.99	$ 2.39	$ 0.60
Emp + Children	$ 6.09	$ 4.87	$ 1.22
Emp + Spouse	$ 5.96	$ 4.77	$ 1.19
Family:	$ 9.07	$ 7.26	$ 1.81

Clark County High Deductible Health Care Plan			
Employees/County = 20/80 County HSA Contribution	$1,750 Individual In network ($3,500 out of network) $3,500 Family In network ($7,000 out of network)		
	Bi-Weekly Contributions		
	Total Premium Rate:	County	Employee (Per Paycheck)
Single:	$ 456.49	$ 365.19	$ 91.30
HSA Annual Match *		$390	
Emp + Children	$ 906.29	$ 725.03	$ 181.26
HSA Annual Match *		$650	
Emp + Spouse	$ 1,086.20	$ 868.96	$ 217.24
HSA Annual Match *		$650	
Family:	$ 1,355.51	$ 1,084.41	$ 271.10
HSA Annual Match *		$910	

*Up to amount paid bi-weekly