2016-2017 Benefit Rates
Lyon County

	HMO (Hometown Health Plan)				
		Base Plan 30-2000		Buy Up Plan 30-0500	
	ER/Month	EE/PP*	EE/Month	EE/PP*	EE/Month
Employee Only	$ 503.90	$0.00	$0.00	$36.80	$ 73.60
Employee + Spouse	$ 627.68	$144.39	$ 288.78	$211.33	$ 422.66
Employee + Child(ren)	$ 594.18	$105.32	$ 210.64	$164.10	$ 328.20
Employee + Family	$ 703.90	$289.68	$ 579.36	$383.39	$ 766.78

	PPO (Hometown health plan							
		Base Plan 30-8060 (Ded $1,000 x2)		Buy Up Plan 30-8565 (Ded $500 x2)		High Option Plan 30-70 (Ded $2000 x 2)		
	ER/Month	EE/PP*	EE/Month	EE/PP*	EE/Month	ER/Month	EE/PP*	EE/Month
Employee Only	$ 562.66	$0.00	$0.00	$ 19.52	$ 39.04	457.08	$0.00	$0.00
Employee + Spouse	$ 700.86	$161.23	$ 322.46	$196.75	$ 393.50	700.86	$65.24	$130.48
Employee + Child(ren)	$ 663.46	$117.60	$ 235.20	$148.79	$ 297.58	663.46	$33.30	$66.60
Employee + Family	$ 762.66	$335.11	$ 670.22	$384.84	$ 769.68	762.66	$200.69	$401.38

	Guardian Dental		
	ER/Month	EE/PP*	EE/Month
Employee Only	$38.27	$0.00	$0.00
Employee + Spouse		$19.49	$38.98
Employee + Child(ren)		$16.84	$33.68
Employee + Family		$39.46	$78.92

	VSP Vision		
	ER/Month	EE/PP*	EE/Month
Employee Only	$5.95	$0.00	$0.00
Employee + Spouse		$1.79	$3.58
Employee + Child(ren)		$1.88	$3.76
Employee + Family		$4.86	$9.72

	Guardian Life Non-Sworn (EE benefit $10,000)	
	ER/Month	EE/Month
Employee Only	$2.10	$0.00
Voluntary Employee		banded
Family (10,000/vol)		$1.75

	Guardian Life Sworn (EE benefit $50,000)	
	ER/Month	EE/Month
Employee Only	$10.50	$0.00
Voluntary Employee		banded
Family (10,000/vol)		$1.75

**First and second paydays each month.*

Voluntary life coverage is per $10,000; family coverage is $10,000 for each family member

For Medical County pays 100% employee coverage plus 30% spouse/dependent coverage up to max of $200

For Dental, Vision County pays 10% of employee only and 0% for spouse/dependent coverage.

**Employee deductions are taken the first two pay periods (PP) of each month. Employee deductions are pretax.*