City of Sparks Health Care Retiree Premium Rates - PPO 200 - eff. 1.1.27

Retiree Under Age 65	Total Premium/Month w/o *Life	Total Premium/Month w/*Life	IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires after 07/01/05 and before 09/22/25		IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires on or after 09/22/25	
Retiree Monthly Premium by coverage level. Retiree is responsible for 100% of the premium cost for their selected coverage level.			City Contribution = 60% of monthly premium	Retiree Contribution = 40% of monthly premium	City Contribution = 70% of monthly premium	Retiree Contribution = 30% of monthly premium
RO Retiree Only	$ 1,074.59	$ 1,078.49	$ 647.09	$ 431.40	$ 754.94	$ 323.55
RS Retiree + Spouse	$ 1,981.54	$ 1,985.44	$ 1,191.26	$ 794.18	$ 1,389.81	$ 595.63
RC Retiree + Child(ren)	$ 1,887.33	$ 1,891.23	$ 647.09	$ 1,244.14	$ 754.94	$ 1,136.29
RF Retiree + Family	$ 2,821.72	$ 2,825.62	$ 1,191.26	$ 1,634.36	$ 1,389.81	$ 1,435.81
SS Surviving Spouse	$ 1,074.59	N/A	N/A	N/A	N/A	N/A
SS Surviving Spouse w/children	$ 1,887.33	N/A	N/A	N/A	N/A	N/A
Rates for Medicare Eligible and/or Retirees aged 65+			**IAFF Cost Distribution for Medicare Eligible and/or Retirees aged 65+**			
Retiree w/Medicare**	Retiree is responsible for 100% of the premium cost for their selected coverage level. The rates below include the Medicare subsidy.		City Contribution = 50% of retiree's monthly premium	Retiree Contribution = 50% of retiree's monthly premium	Retiree Contribution = 100% of premium for Spouse/Dependents monthly	
ROMC Retiree Only MC	$ 865.09	$ 868.99	$ 434.50	$ 434.50	N/A	
RMSN Retiree MC + Spouse no MC	$ 1,772.04	$ 1,775.94	$ 434.50	$ 434.50	$ 906.95	
RNSM Retiree no MC + Spouse MC	$ 1,772.04	$ 1,775.94	$ 539.25	$ 539.25	$ 697.45	
RMSM Retiree + Spouse both w/MC	$ 1,562.54	$ 1,566.44	$ 434.50	$ 434.50	$ 697.45	
Retiree over 65 no MC + Spouse no MC	$ 1,981.54	$ 1,985.44	$ 539.25	$ 539.25	$ 906.95	
RCMC Retiree MC + Child(ren)	$ 1,677.83	$ 1,681.73	$ 434.50	$ 434.50	$ 812.74	
RFRM Retiree + Family Retiree w/MC	$ 2,612.22	$ 2,616.12	$ 434.50	$ 434.50	$ 1,747.13	
RFSM Retiree + Family Spouse w/MC	$ 2,612.22	$ 2,616.12	$ 539.25	$ 539.25	$ 1,537.63	
RF2M Retiree + Family 2 w/MC	$ 2,402.72	$ 2,406.62	$ 434.50	$ 434.50	$ 1,537.63	
SSMC Surviving Spouse Only w/MC	$ 865.09	N/A	N/A	N/A	$ 865.09	

*Life premium cost = $3.90; retirees having left the Group Health Plan at any time or who have opted out of the life policy at any time, are ineligible for the life policy.

**Medicare subsidy rate eff 1.1.27 = $209.50

Please see your Collective Bargaining Agreement for more information about premium cost sharing at retirement/separation. When a person becomes a retiree and/or eligible for continued coverage upon separation from the City as stipulated in NRS, it is the person's responsibility to determine what type of coverage they need. If the retired/separated person selects coverage for more than themselves, the retired/separated person is responsible for 100% of the cost as identified in the Collective Bargaining Agreement or Resolution the person retired/separated under.

City of Sparks Health Care Retiree Premium Rates - PPO 400 - eff. 1.1.27

Retiree Under Age 65	Total Premium/Month w/o *Life	Total Premium/Month w/*Life	IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires after 07/01/05 and before 09/22/25		IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires on or after 09/22/25	
Retiree Monthly Premiums by coverage level. Retiree is responsible for 100% of the premium cost for their selected coverage level.			City Contribution = 60% of monthly premium	Retiree Contribution = 40% of monthly premium	City Contribution = 70% of monthly premium	Retiree Contribution = 30% of monthly premium
RO Retiree Only	$ 981.00	$ 984.90	$ 590.94	$ 393.96	$ 689.43	$ 295.47
RS Retiree + Spouse	$ 1,809.00	$ 1,812.90	$ 1,087.74	$ 725.16	$ 1,269.03	$ 543.87
RC Retiree + Child(ren)	$ 1,723.00	$ 1,726.90	$ 590.94	$ 1,135.96	$ 689.43	$ 1,037.47
RF Retiree + Family	$ 2,575.00	$ 2,578.90	$ 1,087.74	$ 1,491.16	$ 1,269.03	$ 1,309.87
SS Surviving Spouse	$ 981.00	N/A	N/A	N/A	N/A	N/A
SS Surviving Spouse w/children	$ 1,723.00	N/A	N/A	N/A	N/A	N/A
Rates for Medicare Eligible and/or Retirees aged 65+			**IAFF Cost Distribution for Medicare Eligible and/or Retirees aged 65+**			
Retiree w/Medicare**	**Retiree is responsible for 100% of the premium cost for their selected coverage level. The rates below include the Medicare subsidy.**		City Contribution = 50% of retiree's monthly premium	Retiree Contribution = 50% of retiree's monthly premium	Retiree Contribution = 100% of premium for Spouse/Dependents monthly	
ROMC Retiree Only MC	$ 771.50	$ 775.40	$ 387.70	$ 387.70	N/A	
RMSN Retiree MC + Spouse no MC	$ 1,599.50	$ 1,603.40	$ 387.70	$ 387.70	$ 828.00	
RNSM Retiree no MC + Spouse MC	$ 1,599.50	$ 1,603.40	$ 492.45	$ 492.45	$ 618.50	
RMSM Retiree + Spouse both w/MC	$ 1,390.00	$ 1,393.90	$ 387.70	$ 387.70	$ 618.50	
Retiree over 65 no MC + Spouse no MC	$ 1,809.00	$ 1,812.90	$ 492.45	$ 492.45	$ 828.00	
RCMC Retiree MC + Child(ren)	$ 1,513.50	$ 1,517.40	$ 387.70	$ 387.70	$ 742.00	
RFRM Retiree + Family Retiree w/MC	$ 2,365.50	$ 2,369.40	$ 387.70	$ 387.70	$ 1,594.00	
RFSM Retiree + Family Spouse w/MC	$ 2,365.50	$ 2,369.40	$ 492.45	$ 492.45	$ 1,384.50	
RF2M Retiree + Family 2 w/MC	$ 2,156.00	$ 2,159.90	$ 387.70	$ 387.70	$ 1,384.50	
SSMC Surviving Spouse Only w/MC	$ 771.50	N/A	N/A	N/A	$ 771.50	

*Life premium cost = $3.90; retirees having left the Group Health Plan at any time or who have opted out of the life policy at any time, are ineligible for the life policy.

**Medicare subsidy rate eff 1.1.27 = $209.50

Please see your Collective Bargaining Agreement for more information about premium cost sharing at retirement/separation. When a person becomes a retiree and/or eligible for continued coverage upon separation from the City as stipulated in NRS, it is the person's responsibility to determine what type of coverage they need. If the retired/separated person selects coverage for more than themselves, the retired/separated person is responsible for 100% of the cost as identified in the Collective Bargaining Agreement or Resolution the person retired/separated under.

City of Sparks Health Care Retiree Premium Rates - High Deductible Health Plan (HDHP) - eff. 1.1.27

Retiree Under Age 65	Total Premium/Month w/o *Life	Total Premium/Month w/*Life	IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires after 07/01/05 and before 09/22/25		IAFF Premium Cost Distribution for IAFF members w/20+ years of service and retires on or after 09/22/25	
Retiree Monthly Premiums by coverage level. Retiree is responsible for 100% of the premium cost for their selected coverage level.			City Contribution = 60% of monthly premium	Retiree Contribution = 40% of monthly premium	City Contribution = 70% of monthly premium	Retiree Contribution = 30% of monthly premium
RO Retiree Only	$ 909.00	$ 912.90	$ 547.74	$ 365.16	$ 639.03	$ 273.87
RS Retiree + Spouse	$ 1,676.00	$ 1,679.90	$ 1,007.94	$ 671.96	$ 1,175.93	$ 503.97
RC Retiree + Child(ren)	$ 1,597.00	$ 1,600.90	$ 547.74	$ 1,053.16	$ 639.03	$ 961.87
RF Retiree + Family	$ 2,387.00	$ 2,390.90	$ 1,007.94	$ 1,382.96	$ 1,175.93	$ 1,214.97
SS Surviving Spouse	$ 909.00	N/A	N/A	N/A	N/A	N/A
SS Surviving Spouse w/children	$ 1,597.00	N/A	N/A	N/A	N/A	N/A
Rates for Medicare Eligible and/or Retirees aged 65+			**IAFF Cost Distribution for Medicare Eligible and/or Retirees aged 65+**			
Retiree w/Medicare**	**Retiree is responsible for 100% of the premium cost for their selected coverage level. The rates below include the Medicare subsidy.**		City Contribution = 50% of retiree's monthly premium	Retiree Contribution = 50% of retiree's monthly premium	Retiree Contribution = 100% of premium for Spouse/Dependents monthly	
ROMC Retiree Only MC	$ 699.50	$ 703.40	$ 351.70	$ 351.70	N/A	
RMSN Retiree MC + Spouse no MC	$ 1,466.50	$ 1,470.40	$ 351.70	$ 351.70	$ 767.00	
RNSM Retiree no MC + Spouse MC	$ 1,466.50	$ 1,470.40	$ 456.45	$ 456.45	$ 557.50	
RMSM Retiree + Spouse both w/MC	$ 1,257.00	$ 1,260.90	$ 351.70	$ 351.70	$ 557.50	
Retiree over 65 no MC + Spouse no MC	$ 1,676.00	$ 1,679.90	$ 456.45	$ 456.45	$ 767.00	
RCMC Retiree MC + Child(ren)	$ 1,387.50	$ 1,391.40	$ 351.70	$ 351.70	$ 688.00	
RFRM Retiree + Family Retiree w/MC	$ 2,177.50	$ 2,181.40	$ 351.70	$ 351.70	$ 1,478.00	
RFSM Retiree + Family Spouse w/MC	$ 2,177.50	$ 2,181.40	$ 456.45	$ 456.45	$ 1,268.50	
RF2M Retiree + Family 2 w/MC	$ 1,968.00	$ 1,971.90	$ 351.70	$ 351.70	$ 1,268.50	
SSMC Surviving Spouse Only w/MC	$ 699.50	N/A	N/A	N/A	$ 699.50	

*Life premium cost = $3.90; retirees having left the Group Health Plan at any time or who have opted out of the life policy at any time, are ineligible for the life policy.

**Medicare subsidy rate eff 1.1.27 = $209.50

Retirees who are on Medicare and/or receiving Medicare benefits are not eligible for the Health Savings Account (HSA) but may still sign up for the HDHP as a secondary plan.

Please see your Collective Bargaining Agreement for more information about premium cost sharing at retirement/separation. When a person becomes a retiree and/or eligible for continued coverage upon separation from the City as stipulated in NRS, it is the person's responsibility to determine what type of coverage they need. If the retired/separated person selects coverage for more than themselves, the retired/separated person is responsible for 100% of the cost as identified in the Collective Bargaining Agreement or Resolution the person retired/separated under.