

# Nye County Human Resources

Pahrump Office  
 Nye County Government Complex  
 1981 E. Calvada Blvd, Suite 120  
 Pahrump, NV 89048  
 Phone (775) 751-6301  
 Fax (775) 751-6309



Tonopah Office  
 Nye County Courthouse  
 William P. Beko Justice Facility  
 PO Box 3400  
 Tonopah, NV 89049  
 Phone (775) 482-7244  
 Fax (775) 751-6309

## MEMORANDUM

To: Retirees with County Benefit

From: Elona Goldner, Director of Human Resources *Elona Goldner*

Date: May 14, 2025

### RE: Insurance Changes Effective July 1, 2025

Retirees enrolled under one of the Anthem Blue Cross and Blue Priority PPO plans or the Anthem Blue Cross and Blue Priority HMO plan can locate contracted providers by visiting the below websites.

Retirees can locate participating providers by visiting [www.anthem.com](http://www.anthem.com). Employees looking for **PPO** providers must select **PPO** from the "select a plan/network" dropdown. Retirees looking for **HMO** providers must select **HMO Nevada** from the "select a plan/network" dropdown.

#### **Monthly premium rates for dependent coverage for retirees *without Medicare***

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	HD **High Deductible Plan ONLY available <u>without</u> Medicare**	Dental Vision
Retiree w/ Spouse	\$ 991.21	\$ 750.39	\$ 841.35	\$ 672.88	\$ 40.72
Retiree w/ Child(ren)	\$ 772.10	\$ 584.52	\$ 655.36	\$ 524.14	\$ 53.74
Retiree w/ Family	\$ 1,763.30	\$ 1,334.91	\$ 1,496.70	\$ 1,197.02	\$ 97.16

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#### **Monthly premium rates for dependent coverage for retirees, when *both* retiree and spouse are covered *with Medicare Part A & B***

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree w/ Spouse	\$ 626.03	\$ 473.94	\$ 531.36	\$ 40.72
Retiree w/ Child(ren)	\$ 772.10	\$ 584.52	\$ 655.36	\$ 53.74
Retiree w/ Family	\$ 1,398.12	\$ 1,058.46	\$ 1,186.71	\$ 97.16

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**Monthly premium rates for dependent coverage for retirees where only *one* covered has Medicare Parts A & B**

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree w/ Spouse	\$ 991.21	\$ 750.39	\$ 841.35	\$ 40.72
Retiree w/ Child(ren)	\$ 772.10	\$ 584.52	\$ 655.36	\$ 53.74
Retiree w/ Family	\$ 1,763.30	\$1,334.91	\$1,496.70	\$ 97.16

If you have any questions, please contact Human Resources:

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## MEMORANDUM

To: **Retirees with 50% County Benefit**

From: Elona Goldner, Director of Human Resources

A handwritten signature in blue ink that reads "Elona Goldner".

Date: May 14, 2025

### RE: Insurance Changes Effective July 1, 2025

Retirees enrolled under one of the Anthem PPO plans or the Anthem HMO plan can locate contracted providers by visiting the below websites.

Retirees can locate participating providers by visiting [www.anthem.com](http://www.anthem.com). Employees looking for **PPO** providers must select **PPO** from the "select a plan/network" dropdown. Retirees looking for **HMO** providers must select **HMO Nevada** from the "select a plan/network" dropdown.

#### **Monthly premium rates for retiree & dependent coverage for retirees *without Medicare***

	PPO	PPO	HMO	HD	Dental Vision
	\$500 Deductible	\$2500 Deductible		**High Deductible Plan ONLY available <u>without</u> Medicare**	
Retiree	\$ 521.69	\$ 394.93	\$ 442.79	\$ 354.15	\$20.22
Retiree w/Spouse	\$ 1,512.90	\$ 1,145.32	\$1,284.14	\$1,027.03	\$60.94
Retiree w/ Child(ren)	\$ 1,293.79	\$ 979.45	\$1,098.15	\$ 878.29	\$73.96
Retiree w/ Family	\$ 2,284.99	\$ 1,729.84	\$1,939.49	\$1,551.17	\$117.38

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#### **Monthly premium rates for retiree & dependent coverage for retirees, when *both* retiree and spouse are covered *with Medicare Part A & B***

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree	\$ 313.02	\$ 236.95	\$ 265.67	\$20.22
Retiree w/Spouse	\$ 939.05	\$ 710.89	\$ 797.03	\$60.94
Retiree w/ Child(ren)	\$1,085.12	\$ 821.47	\$ 921.03	\$73.96
Retiree w/ Family	\$1,711.14	\$1,295.41	\$1,452.38	\$117.38

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**Monthly premium rates for retiree & dependent coverage for retirees where only *one* covered has Medicare Parts A & B**

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree	\$ 313.02	\$ 236.95	\$ 265.67	\$20.22
Retiree w/Spouse	\$1,304.23	\$ 987.34	\$1,107.02	\$60.94
Retiree w/ Child(ren)	\$1,085.12	\$ 821.47	\$ 921.03	\$73.96
Retiree w/ Family	\$2,076.32	\$1,571.86	\$1,762.37	\$117.38

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## MEMORANDUM

To: **Retirees with 75% County Benefit**

From: Elona Goldner, Director of Human Resources

A handwritten signature in blue ink that reads "Elona Goldner".

Date: May 14, 2025

### RE: Insurance Changes Effective July 1, 2025

Retirees enrolled under one of the Anthem PPO plans or the Anthem HMO plan can locate contracted providers by visiting the below websites.

Retirees can locate participating providers by visiting [www.anthem.com](http://www.anthem.com). Employees looking for **PPO** providers must select **PPO** from the "select a plan/network" dropdown. Retirees looking for **HMO** providers must select **HMO Nevada** from the "select a plan/network" dropdown.

### **Monthly premium rates for retiree & dependent coverage for retirees *without Medicare***

	PPO	PPO	HMO	HD	Dental Vision
	\$500 Deductible	\$2500 Deductible		**High Deductible Plan ONLY available <u>without</u> Medicare**	
Retiree	\$ 260.85	\$ 197.47	\$ 221.40	\$ 177.08	\$ 10.11
Retiree w/Spouse	\$1,252.06	\$ 947.86	\$1,062.75	\$ 849.96	\$ 50.83
Retiree w/ Child(ren)	\$1,032.95	\$ 781.99	\$ 876.76	\$ 701.22	\$ 63.85
Retiree w/ Family	\$2,024.15	\$1,532.38	\$1,718.10	\$1,374.10	\$107.27

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### **Monthly premium rates for retiree & dependent coverage for retirees, when *both* retiree and spouse are covered *with Medicare Part A & B***

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree	\$ 156.51	\$ 118.48	\$ 132.84	\$ 10.11
Retiree w/Spouse	\$ 782.54	\$ 592.42	\$ 664.20	\$ 50.83
Retiree w/ Child(ren)	\$ 928.61	\$ 703.00	\$ 788.20	\$ 63.85
Retiree w/ Family	\$1,554.63	\$1,176.94	\$1,319.55	\$107.27

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**Monthly premium rates for retiree & dependent coverage for retirees where only *one* covered has Medicare Parts A & B**

	PPO \$500 Deductible	PPO \$2500 Deductible	HMO	Dental Vision
Retiree	\$ 156.51	\$ 118.48	\$ 132.84	\$ 10.11
Retiree w/Spouse	\$ 1,147.72	\$ 868.87	\$ 974.19	\$ 50.83
Retiree w/ Child(ren)	\$ 928.61	\$ 703.00	\$ 788.20	\$ 63.85
Retiree w/ Family	\$ 1,919.81	\$ 1,453.39	\$1,629.54	\$107.27

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## MEMORANDUM

To: Nye County & PEBS Reinstated Retirees without a County Benefit

From: Elona Goldner, Director of Human Resources 

Date: May 14, 2025

### **RE: Insurance Changes Effective July 1, 2025**

Retirees enrolled under one of the Anthem Blue Cross and Blue Priority PPO plans or the Anthem Blue Cross and Blue Priority HMO plan can locate contracted providers by visiting the below websites.

Retirees can locate participating providers by visiting [www.anthem.com](http://www.anthem.com). Employees looking for **PPO** providers must select **PPO** from the “select a plan/network” dropdown. Retirees looking for **HMO** providers must select **HMO Nevada** from the “select a plan/network” dropdown.

#### **Monthly premium rates provided for retirees *without* Medicare Part A & B**

	PPO	PPO	HMO	HD	Dental Vision
	\$500 Deductible	\$2500 Deductible		**High Deductible Plan ONLY available <i>without</i> Medicare**	
Retiree only	\$ 1,043.38	\$ 789.89	\$ 885.61	\$ 708.30	\$ 40.44
Retiree w/ spouse	\$ 2,034.59	\$ 1,540.28	\$1,726.96	\$1,381.18	\$ 81.16
Retiree w/ child(ren)	\$ 1,815.48	\$ 1,374.41	\$1,540.97	\$1,232.44	\$ 94.18
Retiree w/ family	\$ 2,806.68	\$ 2,124.80	\$2,382.31	\$1,905.32	\$ 137.60

#### **Monthly premium rates provided for retirees where *one person* covered has Medicare Parts A & B**

	PPO	PPO	*HMO	Dental Vision
	\$500 Deductible	\$2500 Deductible		
Retiree only	\$ 626.03	\$ 473.93	\$ 531.37	\$ 40.44
Retiree w/ spouse	\$ 1,617.24	\$ 1,224.32	\$1,372.72	\$ 81.16
Retiree w/ child(ren)	\$ 1,398.13	\$ 1,058.45	\$1,186.73	\$ 94.18
Retiree w/ family	\$ 2,389.33	\$ 1,808.84	\$2,028.07	\$ 137.60

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**Monthly premium rates provided for retirees where both covered have Medicare Parts A & B**

	PPO \$500 Deductible	PPO \$2500 Deductible	*HMO	Dental Vision
Retiree only	\$ 626.03	\$ 473.93	\$ 531.37	\$ 40.44
Retiree w/ spouse	\$ 1,252.06	\$ 947.87	\$1,062.73	\$ 81.16
Retiree w/ child(ren)	\$ 1,398.13	\$ 1,058.45	\$1,186.73	\$ 94.18
Retiree w/ family	\$ 2,024.15	\$ 1,532.39	\$1,718.08	\$ 137.60

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