

# 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	Dental Vision
				**High Deductible Plan ONLY available <u>without</u> Medicare**	
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

**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 \$500 Deductible	PPO \$2500 Deductible	HMO	HD **High Deductible Plan ONLY available <u>without</u> Medicare**	Dental Vision
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, appearing to read "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 \$500 Deductible	PPO \$2500 Deductible	HMO	HD	Dental Vision
				**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 \$500 Deductible	PPO \$2500 Deductible	HMO	HD **High Deductible Plan ONLY available <u>without</u> Medicare**	Dental Vision
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 \$500 Deductible	PPO \$2500 Deductible	*HMO	Dental Vision
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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