



Monthly Premium Rates for COBRA

There is a 2% Fee charged over and above the premiums listed below

2019

Plan – PPO (Medical and Dental Coverage)	
Employee	\$806
Employee + Spouse	\$1557
Employee + Children	\$1118
EE + (Spouse+Children)	\$1869

Plan – HRA (Medical and Dental Coverage)	
Employee	\$806
Employee + Spouse	\$1593
Employee + Children	\$1056
EE + (Spouse+Children)	\$1843

Vision (Must be enrolled in Medical and Dental coverage with NCSD)	
Employee	10.00
Employee + Family	\$22.00

Dental/Vision (Medical Excluded)	
Employee	\$40.20
Employee + Spouse	\$81.32
Employee + Children	\$87.32
Family (Spouse +Children)	\$120.34

- You may elect Dental/Vision coverage only for you and your dependents without electing medical coverage.
- If you have any questions please contact Vikki Purden at (775) 727-7743 ext. 264.

General Information

<p>Capitol Administrators <u>Third Party Claims Administrator</u> 1-800-331-5301 www.capitoladm.com Register for Benefit & Claims info. or to request ID cards.</p>	<p><u>Kroger Prescription Plans-Pharmacy</u> <u>Postal Prescription Services-Mail Order</u> www.kpp-rx.com –pharmacy- 1-800-482-1285 www.ppsrx.com –mail order- 1-800-552-6694</p>
<p><u>Medical PPO Doctors –</u> Anthem.com - Blue Preferred Plan</p>	<p><u>Dental PPO Doctors -</u> <u>Diversified Dental Services</u> www.ddsppo.com</p>
<p><u>Vision Coverage &</u> <u>PPO Doctors - VSP</u> www.vsp.com</p>	<p><u>Summary of Benefits & Coverage</u> Outlines Medical & Dental Coverage www.nye.k12.nv.us <i>Front Page under Staff Panel</i></p>