

Nevada Fertility Center

Health Insurance Premium Worksheet

	BRONZE PLAN		SILVER PLAN		GOLD PLAN	
Number Enrolling	Premium	Total	Premium	Total	Premium	Total
_____ adults x	459.71	_____	512.98	_____	546.42	_____
_____ children x	241.41	_____	269.38	_____	286.94	_____
TOTAL MONTHLY PREMIUM		=====		=====		=====
Employer Contribution						
Employee only or	385.00	_____	385.00	_____	385.00	_____
Employee plus anyone	535.00	_____	535.00	_____	535.00	_____
EMPLOYEE COST PER MONTH		=====		=====		=====

1. Multiply the number of adults and children by the corresponding rate for the plan you are enrolling in.
2. Subtract the employer contribution.
 If you are enrolling only yourself, subtract \$385 from the total
 If you are enrolling anyone in addition to yourself, subtract \$535 from the total