

# Nevada Fertility Center

## Health Insurance Premium Worksheet - June 2022

			BRONZE PLAN		SILVER PLAN		GOLD PLAN	
Number Enrolling			Premium	Total	Premium	Total	Premium	Total
_____	adults	x	473.72	_____	530.47	_____	622.58	_____
_____	children	x	238.27	_____	266.81	_____	313.14	_____
<b>TOTAL MONTHLY PREMIUM</b>			_____		_____		_____	
Subtract								
Employer Contribution			-\$585.00		-\$585.00		-\$585.00	
<b>EMPLOYEE COST PER MONTH</b>			=====		=====		=====	

1. Multiply the number of adults and children by the corresponding rate for the plan you are enrolling in.  
Children 21 years and older use the adult rate.
2. Subtract the employer contribution.  
To calculate the cost per pay period:  
Multiply the monthly cost by 12 (months) and then divide by 26 (pay periods).