

CONSUMER-DIRECTED HEALTH PLAN for ACTIVE AND NON-MEDICARE RETIREES

MONTHLY PREMIUM RATES January 1, 2016 - December 31, 2016

PARTICIPATION IN WELLNESS ACTIVITIES

WELLNESS ACTIVITIES	3 COMPLETED	2 COMPLETED	1 COMPLETED	0 COMPLETED
Tobacco-free Attestation or Quitline/NC Enrollment	✓	✓	✓	
Primary Care Provider Selection and PCMH Video Viewing	✓	✓	✓	
Take/Update Health Assessment with Biometrics	✓	✓	✓	
ACTIVE/NON-MEDICARE PRIMARY FOR EMPLOYEE/RETIREE AND DEPENDENT(S)				
Employee/Retiree Only	\$0.00	\$20.00	\$40.00	\$60.00
Employee/Retiree + Child(ren)	\$189.82	\$209.82	\$229.82	\$249.82
Employee/Retiree + Spouse	\$489.14	\$509.14	\$529.14	\$549.14
Employee/Retiree + Family	\$520.96	\$540.96	\$560.96	\$580.96
ACTIVE/NON-MEDICARE PRIMARY FOR MEDICARE RETIREE AND MEDICARE PRIMARY FOR DEPENDENT(S)				
MEDICARE ADVANTAGE BASE PLAN FOR MEDICARE PRIMARY DEPENDENT(S)				
Employee/Retiree + Child(ren)	\$132.00	\$152.00	\$172.00	\$192.00
Employee/Retiree + Spouse	\$132.00	\$152.00	\$172.00	\$192.00
Employee/Retiree + Family	\$264.00	\$284.00	\$304.00	\$324.00
MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)				
Employee/Retiree + Child(ren)	\$198.00	\$218.00	\$238.00	\$258.00
Employee/Retiree + Spouse	\$198.00	\$218.00	\$238.00	\$258.00
Employee/Retiree + Family	\$396.00	\$416.00	\$436.00	\$456.00
TRADITIONAL 70/30 PLAN FOR MEDICARE PRIMARY DEPENDENT(S)				
Employee/Retiree + Child(ren)	\$150.06	\$170.06	\$190.06	\$210.06
Employee/Retiree + Spouse	\$394.56	\$414.56	\$434.56	\$454.56
Employee/Retiree + Family	\$429.92	\$449.92	\$469.92	\$489.92

Notes:

1. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
2. If you are actively employed and you or your dependent(s) are Medicare eligible, the State Health Plan is the primary insurer and the Non-Medicare rates apply. An exception to this would be if you or your dependent(s) are Medicare eligible due to end stage renal disease (ESRD).
3. If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
4. The employer share for Active/Non-Medicare Primary Members is \$463.68.