

# CONSUMER-DIRECTED HEALTH PLAN *for NON-MEDICARE RETIREES, COBRA AND 100% CONTRIBUTORY*

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 QuitlineNC 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	\$448.12	\$468.12	\$468.12	\$488.12	\$488.12	\$508.12	\$508.12	\$528.12
Employee/Retiree + Child(ren)	\$637.94	\$657.94	\$657.94	\$677.94	\$677.94	\$697.94	\$697.94	\$717.94
Employee/Retiree + Spouse	\$937.26	\$957.26	\$957.26	\$977.26	\$977.26	\$997.26	\$997.26	\$1,017.26
Employee/Retiree + Family	\$969.08	\$989.08	\$989.08	\$1,009.08	\$1,009.08	\$1,029.08	\$1,029.08	\$1,049.08

## ACTIVE/NON-MEDICARE PRIMARY FOR EMPLOYEE/RETIREE AND MEDICARE PRIMARY FOR DEPENDENT(S)

### MEDICARE ADVANTAGE BASE PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$580.12	\$600.12	\$600.12	\$620.12	\$620.12	\$640.12	\$640.12	\$660.12
Employee/Retiree + Spouse	\$580.12	\$600.12	\$600.12	\$620.12	\$620.12	\$640.12	\$640.12	\$660.12
Employee/Retiree + Family	\$712.12	\$732.12	\$732.12	\$752.12	\$752.12	\$772.12	\$772.12	\$792.12

### MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$646.12	\$666.12	\$666.12	\$686.12	\$686.12	\$706.12	\$706.12	\$726.12
Employee/Retiree + Spouse	\$646.12	\$666.12	\$666.12	\$686.12	\$686.12	\$706.12	\$706.12	\$726.12
Employee/Retiree + Family	\$844.12	\$864.12	\$864.12	\$884.12	\$884.12	\$904.12	\$904.12	\$924.12

### TRADITIONAL 70/30 PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$598.18	\$618.18	\$618.18	\$638.18	\$638.18	\$658.18	\$658.18	\$678.18
Employee/Retiree + Spouse	\$842.68	\$862.68	\$862.68	\$882.68	\$882.68	\$902.68	\$902.68	\$922.68
Employee/Retiree + Family	\$878.04	\$898.04	\$898.04	\$918.04	\$918.04	\$938.04	\$938.04	\$958.04

Notes: 1. **Important:** This rate sheet does not apply to employees out on leave of absence.

2. A subscriber is an individual who is eligible for coverage under the State Health Plan on his or her own. 100% Contributory Subscribers include former employees, surviving spouses and children, retirees, and former legislators who are eligible for the State Health Plan under North Carolina G.S. § 135-48.40(d)

3. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.

4. 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).

5. If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.