

CONSUMER-DIRECTED HEALTH PLAN *for NON-MEDICARE RETIREES AND 50% 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	\$224.06	\$244.06	\$244.06	\$264.06	\$264.06	\$284.06	\$284.06	\$304.06
Employee/Retiree + Child(ren)	\$413.88	\$433.88	\$433.88	\$453.88	\$453.88	\$473.88	\$473.88	\$493.88
Employee/Retiree + Spouse	\$713.20	\$733.20	\$733.20	\$753.20	\$753.20	\$773.20	\$773.20	\$793.20
Employee/Retiree + Family	\$745.02	\$765.02	\$765.02	\$785.02	\$785.02	\$805.02	\$805.02	\$825.02

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)	\$356.06	\$376.06	\$376.06	\$396.06	\$396.06	\$416.06	\$416.06	\$436.06
Employee/Retiree + Spouse	\$356.06	\$376.06	\$376.06	\$396.06	\$396.06	\$416.06	\$416.06	\$436.06
Employee/Retiree + Family	\$488.06	\$508.06	\$508.06	\$528.06	\$528.06	\$548.06	\$548.06	\$568.06

MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$422.06	\$442.06	\$442.06	\$462.06	\$462.06	\$482.06	\$482.06	\$502.06
Employee/Retiree + Spouse	\$422.06	\$442.06	\$442.06	\$462.06	\$462.06	\$482.06	\$482.06	\$502.06
Employee/Retiree + Family	\$620.06	\$640.06	\$640.06	\$660.06	\$660.06	\$680.06	\$680.06	\$700.06

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

Employee/Retiree + Child(ren)	\$374.12	\$394.12	\$394.12	\$414.12	\$414.12	\$434.12	\$434.12	\$454.12
Employee/Retiree + Spouse	\$618.62	\$638.62	\$638.62	\$658.62	\$658.62	\$678.62	\$678.62	\$698.62
Employee/Retiree + Family	\$653.98	\$673.98	\$673.98	\$693.98	\$693.98	\$713.98	\$713.98	\$733.98

- Notes:
- Important:** This rate sheet does not apply to qualifying job-sharing active employees.
 - A subscriber is an individual who is eligible for coverage under the State Health Plan on his or her own. 50% Contributory Subscribers include former employees and legislators eligible for State Health Plan coverage under North Carolina G.S. § 135-48.40(c).
 - If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.

- 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).
- If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
- The employer share for 50% Contributory Active/Non-Medicare Primary Members is \$231.84.