

ENHANCED 80/20 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	\$462.32	\$487.32	\$487.32	\$502.32	\$512.32	\$527.32	\$527.32	\$552.32
Employee/Retiree + Child(ren)	\$742.84	\$767.84	\$767.84	\$782.84	\$792.84	\$807.84	\$807.84	\$832.84
Employee/Retiree + Spouse	\$1,108.64	\$1,133.64	\$1,133.64	\$1,148.64	\$1,158.64	\$1,173.64	\$1,173.64	\$1,198.64
Employee/Retiree + Family	\$1,147.54	\$1,172.54	\$1,172.54	\$1,187.54	\$1,197.54	\$1,212.54	\$1,212.54	\$1,237.54

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)	\$594.32	\$619.32	\$619.32	\$634.32	\$644.32	\$659.32	\$659.32	\$684.32
Employee/Retiree + Spouse	\$594.32	\$619.32	\$619.32	\$634.32	\$644.32	\$659.32	\$659.32	\$684.32
Employee/Retiree + Family	\$726.32	\$751.32	\$751.32	\$766.32	\$776.32	\$791.32	\$791.32	\$816.32

MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$660.32	\$685.32	\$685.32	\$700.32	\$710.32	\$725.32	\$725.32	\$750.32
Employee/Retiree + Spouse	\$660.32	\$685.32	\$685.32	\$700.32	\$710.32	\$725.32	\$725.32	\$750.32
Employee/Retiree + Family	\$858.32	\$883.32	\$883.32	\$898.32	\$908.32	\$923.32	\$923.32	\$948.32

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

Employee/Retiree + Child(ren)	\$612.38	\$637.38	\$637.38	\$652.38	\$662.38	\$677.38	\$677.38	\$702.38
Employee/Retiree + Spouse	\$856.88	\$881.88	\$881.88	\$896.88	\$906.88	\$921.88	\$921.88	\$946.88
Employee/Retiree + Family	\$892.24	\$917.24	\$917.24	\$932.24	\$942.24	\$957.24	\$957.24	\$982.24

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