

ENHANCED 80/20 PLAN *for* **ACTIVES 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 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	\$14.20	\$39.20	\$39.20	\$54.20	\$64.20	\$79.20	\$79.20	\$104.20
Employee/Retiree + Child(ren)	\$294.72	\$319.72	\$319.72	\$334.72	\$344.72	\$359.72	\$359.72	\$384.72
Employee/Retiree + Spouse	\$660.52	\$685.52	\$685.52	\$700.52	\$710.52	\$725.52	\$725.52	\$750.52
Employee/Retiree + Family	\$699.42	\$724.42	\$724.42	\$739.42	\$749.42	\$764.42	\$764.42	\$789.42

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)	\$146.20	\$171.20	\$171.20	\$186.20	\$196.20	\$211.20	\$211.20	\$236.20
Employee/Retiree + Spouse	\$146.20	\$171.20	\$171.20	\$186.20	\$196.20	\$211.20	\$211.20	\$236.20
Employee/Retiree + Family	\$278.20	\$303.20	\$303.20	\$318.20	\$328.20	\$343.20	\$343.20	\$368.20

MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

Employee/Retiree + Child(ren)	\$212.20	\$237.20	\$237.20	\$252.20	\$262.20	\$277.20	\$277.20	\$302.20
Employee/Retiree + Spouse	\$212.20	\$237.20	\$237.20	\$252.20	\$262.20	\$277.20	\$277.20	\$302.20
Employee/Retiree + Family	\$410.20	\$435.20	\$435.20	\$450.20	\$460.20	\$475.20	\$475.20	\$500.20

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

Employee/Retiree + Child(ren)	\$164.26	\$189.26	\$189.26	\$204.26	\$214.26	\$229.26	\$229.26	\$254.26
Employee/Retiree + Spouse	\$408.76	\$433.76	\$433.76	\$448.76	\$458.76	\$473.76	\$473.76	\$498.76
Employee/Retiree + Family	\$444.12	\$469.12	\$469.12	\$484.12	\$494.12	\$509.12	\$509.12	\$534.12

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.