

# ENHANCED 80/20 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	\$238.26	\$263.26	\$263.26	\$278.26	\$288.26	\$303.26	\$303.26	\$328.26
Employee/Retiree + Child(ren)	\$518.78	\$543.78	\$543.78	\$558.78	\$568.78	\$583.78	\$583.78	\$608.78
Employee/Retiree + Spouse	\$884.58	\$909.58	\$909.58	\$924.58	\$934.58	\$949.58	\$949.58	\$974.58
Employee/Retiree + Family	\$923.48	\$948.48	\$948.48	\$963.48	\$973.48	\$988.48	\$988.48	\$1,013.48

## 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)	\$370.26	\$395.26	\$395.26	\$410.26	\$420.26	\$435.26	\$435.26	\$460.26
Employee/Retiree + Spouse	\$370.26	\$395.26	\$395.26	\$410.26	\$420.26	\$435.26	\$435.26	\$460.26
Employee/Retiree + Family	\$502.26	\$527.26	\$527.26	\$542.26	\$552.26	\$567.26	\$567.26	\$592.26

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

Employee/Retiree + Child(ren)	\$436.26	\$461.26	\$461.26	\$476.26	\$486.26	\$501.26	\$501.26	\$526.26
Employee/Retiree + Spouse	\$436.26	\$461.26	\$461.26	\$476.26	\$486.26	\$501.26	\$501.26	\$526.26
Employee/Retiree + Family	\$634.26	\$659.26	\$659.26	\$674.26	\$684.26	\$699.26	\$699.26	\$724.26

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

Employee/Retiree + Child(ren)	\$388.32	\$413.32	\$413.32	\$428.32	\$438.32	\$453.32	\$453.32	\$478.32
Employee/Retiree + Spouse	\$632.82	\$657.82	\$657.82	\$672.82	\$682.82	\$697.82	\$697.82	\$722.82
Employee/Retiree + Family	\$668.18	\$693.18	\$693.18	\$708.18	\$718.18	\$733.18	\$733.18	\$758.18

- 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.