

HIGH DEDUCTIBLE HEALTH PLAN*

MONTHLY PREMIUM RATES January 1, 2016 - December 31, 2016

NON-MEDICARE PRIMARY FOR EMPLOYEE/RETIREE AND DEPENDENT(S)				
<i>Coverage Type</i>	<i>Employer Share</i>	<i>Employee Monthly Premium</i>	<i>Dependent Monthly Premium</i>	<i>Total Employee Monthly Premium</i>
Employee Only	\$122.78	\$93.16	-	\$93.16
Employee + Child(ren)	\$122.78	\$93.16	\$174.58	\$267.74
Employee + Spouse	\$122.78	\$93.16	\$387.22	\$480.38
Employee + Family	\$122.78	\$93.16	\$483.88	\$577.04

*The HDHP benefit option will be available only to employees eligible for coverage under G.S. 135 48.40(e)