High Deductible Health Plan for Non-Medicare Subscribers

Monthly Premium Rates January 1, 2017–December 31, 2017

NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S)				
COVERAGE TYPE	EMPLOYER SHARE	SUBSCRIBER MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL SUBSCRIBER MONTHLY PREMIUM
Subscriber Only	$127.44	$95.92	N/A	$95.92
Subscriber + Child(ren)	$127.44	$95.92	$180.54	$276.46
Subscriber + Spouse	$127.44	$95.92	$400.50	$496.42
ESubscriber + Family	$127.44	$95.92	$500.46	$596.38

Notes:

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