Consumer-Directed Health Plan (85/15) for 50% Contributory Non-Medicare Subscribers

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

PARTICIPATION IN WELLNESS ACTIVITIES								
WELLNESS ACTIVITIES	3 COMPLETED	2 COMPLETED			1 COMPLETED			0 COMPLETED
Tobacco-free Attestation or QuitlineNC Enrollment	✔	✔	✔		✔			
Primary Care Provider Selection/Confirmation	✔	✔		✔		✔		
Take/Update Health Assessment	✔		✔	✔			✔	
NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S)								
Subscriber Only	$239.74	$259.74	$259.74	$279.74	$279.74	$299.74	$299.74	$319.74
Subscriber+ Child(ren)	$436.06	$456.06	$456.06	$476.06	$476.06	$496.06	$496.06	$516.06
Subscriber + Spouse	$745.64	$765.64	$765.64	$785.64	$785.64	$805.64	$805.64	$825.64
Subscriber + Family	$778.56	$798.56	$798.56	$818.56	$818.56	$838.56	$838.56	$858.56
NON-MEDICARE PRIMARY FOR SUBSCRIBER AND MEDICARE PRIMARY FOR DEPENDENT(S)								
UnitedHealthcare® (UHC) Group Medicare Advantage Base Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$364.54	$384.54	$384.54	$404.54	$404.54	$424.54	$424.54	$444.54
Subscriber + Spouse	$364.54	$384.54	$384.54	$404.54	$404.54	$424.54	$424.54	$444.54
Subscriber + Family	$489.34	$509.34	$509.34	$529.34	$529.34	$549.34	$549.34	$569.34
UnitedHealthcare® (UHC) Group Medicare Advantage Enhanced Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$428.54	$448.54	$448.54	$468.54	$468.54	$488.54	$488.54	$508.54
Subscriber + Spouse	$428.54	$448.54	$448.54	$468.54	$468.54	$488.54	$488.54	$508.54
Subscriber + Family	$617.34	$637.34	$637.34	$657.34	$657.34	$677.34	$677.34	$697.34
Traditional 70/30 Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$394.94	$414.94	$414.94	$434.94	$434.94	$454.94	$454.94	$474.94
Subscriber + Spouse	$647.82	$667.82	$667.82	$687.82	$687.82	$707.82	$707.82	$727.82
Subscriber + Family	$684.40	$704.40	$704.40	$724.40	$724.40	$744.40	$744.40	$764.40

Notes:

1. 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 certain current employees who are eligible for the State Health Plan under North Carolina G.S. § 135-48.40(d)
2. If your employment contract is for less than 12 months, contact your Health Benefits Representative or benefits office for monthly rates.
3. 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 primary due to end stage renal disease (ESRD).
4. The employer share for 50% Contributory Active/Non-Medicare Primary Subscribers is $239.74.