

# Consumer-Directed Health Plan (85/15) for Active Subscribers Who Are Medicare Primary Due to Upcoming Retirement or RIF



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	✓		✓	✓			✓	
MEDICARE PRIMARY FOR ACTIVE SUBSCRIBER ONLY								
Subscriber Only	\$0.00	\$20.00	\$20.00	\$40.00	\$40.00	\$60.00	\$60.00	\$80.00
Subscriber + Child(ren)	\$196.32	\$216.32	\$216.32	\$236.32	\$236.32	\$256.32	\$256.32	\$276.32
Subscriber + Spouse	\$505.90	\$525.90	\$525.90	\$545.90	\$545.90	\$565.90	\$565.90	\$585.90
Subscriber + Family	\$538.82	\$558.82	\$558.82	\$578.82	\$578.82	\$598.82	\$598.82	\$618.82
MEDICARE PRIMARY FOR ACTIVE SUBSCRIBER AND DEPENDENT(S)								
Subscriber + Child(ren)	\$155.20	\$175.20	\$175.20	\$195.20	\$195.20	\$215.20	\$215.20	\$235.20
Subscriber + Spouse	\$408.08	\$428.08	\$428.08	\$448.08	\$448.08	\$468.08	\$468.08	\$488.08
Subscriber + Family	\$444.66	\$464.66	\$464.66	\$484.66	\$484.66	\$504.66	\$504.66	\$524.66
NON-MEDICARE PRIMARY FOR ACTIVE SUBSCRIBER AND MEDICARE PRIMARY FOR DEPENDENT(S)								
Subscriber + Child(ren)	\$155.20	\$175.20	\$175.20	\$195.20	\$195.20	\$215.20	\$215.20	\$235.20
Subscriber + Spouse	\$408.08	\$428.08	\$428.08	\$448.08	\$448.08	\$468.08	\$468.08	\$488.08
Subscriber + Family	\$444.66	\$464.66	\$464.66	\$484.66	\$484.66	\$504.66	\$504.66	\$524.66

**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 work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.