Enhanced 80/20 Plan for Active and 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	✔		✔	✔			✔	
ACTIVE/NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S)								
Subscriber Only	$15.04	$40.04	$40.04	$55.04	$65.04	$80.04	$80.04	$105.04
Subscriber + Child(ren)	$305.18	$330.18	$330.18	$345.18	$355.18	$370.18	$370.18	$395.18
Subscriber + Spouse	$683.52	$708.52	$708.52	$723.52	$733.52	$748.52	$748.52	$773.52
Subscriber + Family	$723.76	$748.76	$748.76	$763.76	$773.76	$788.76	$788.76	$813.76
NON-MEDICARE SUBSCRIBER AND MEDICARE PRIMARY FOR DEPENDENT(S)								
UnitedHealthcare® (UHC) Group Medicare Advantage Base Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$139.84	$164.84	$164.84	$179.84	$189.84	$204.84	$204.84	$229.84
Subscriber + Spouse	$139.84	$164.84	$164.84	$179.84	$189.84	$204.84	$204.84	$229.84
Subscriber + Family	$264.64	$289.64	$289.64	$304.64	$314.64	$329.64	$329.64	$354.64
UnitedHealthcare® (UHC) Group Medicare Advantage Enhanced Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$203.84	$228.84	$228.84	$243.84	$253.84	$268.84	$268.84	$293.84
Subscriber + Spouse	$203.84	$228.84	$228.84	$243.84	$253.84	$268.84	$268.84	$293.84
Subscriber + Family	$392.64	$417.64	$417.64	$432.64	$442.64	$457.64	$457.64	$482.64
Traditional 70/30 Plan for Medicare Primary Dependent(s)								
Subscriber + Child(ren)	$170.24	$195.24	$195.24	$210.24	$220.24	$235.24	$235.24	$260.24
Subscriber + Spouse	$423.12	$448.12	$448.12	$463.12	$473.12	$488.12	$488.12	$513.12
Subscriber + Family	$459.70	$484.70	$484.70	$499.70	$509.70	$524.70	$524.70	$549.70

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 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).
3. If you work for a local government employer, contact your Health Benefits Representative or benefits office for monthly rates.
4. The employer share for Active/Non-Medicare Primary Subscribers is $479.48.