

CONSUMER-DIRECTED HEALTH PLAN *for ACTIVE AND NON-MEDICARE RETIREES*

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

PARTICIPATION IN WELLNESS ACTIVITIES

| WELLNESS ACTIVITIES | 3 COMPLETED | 2 COMPLETED | | 1 COMPLETED | | 0 COMPLETED | |
|--|-------------|-------------|---|-------------|---|-------------|--|
| Tobacco-free Attestation or QuitlineNC Enrollment | ✓ | ✓ | ✓ | ✓ | | | |
| Primary Care Provider Selection and PCMH Video Viewing | ✓ | ✓ | | ✓ | ✓ | | |
| Take/Update Health Assessment with Biometrics | ✓ | | ✓ | ✓ | | ✓ | |

ACTIVE/NON-MEDICARE PRIMARY FOR EMPLOYEE/RETIREE AND DEPENDENT(S)

| | | | | | | | | |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Employee/Retiree Only | \$0.00 | \$20.00 | \$20.00 | \$40.00 | \$40.00 | \$60.00 | \$60.00 | \$80.00 |
| Employee/Retiree + Child(ren) | \$189.82 | \$209.82 | \$209.82 | \$229.82 | \$229.82 | \$249.82 | \$249.82 | \$269.82 |
| Employee/Retiree + Spouse | \$489.14 | \$509.14 | \$509.14 | \$529.14 | \$529.14 | \$549.14 | \$549.14 | \$569.14 |
| Employee/Retiree + Family | \$520.96 | \$540.96 | \$540.96 | \$560.96 | \$560.96 | \$580.96 | \$580.96 | \$600.96 |

ACTIVE/NON-MEDICARE PRIMARY FOR EMPLOYEE/RETIREE AND MEDICARE PRIMARY FOR DEPENDENT(S)

MEDICARE ADVANTAGE BASE PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

| | | | | | | | | |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Employee/Retiree + Child(ren) | \$132.00 | \$152.00 | \$152.00 | \$172.00 | \$172.00 | \$192.00 | \$192.00 | \$212.00 |
| Employee/Retiree + Spouse | \$132.00 | \$152.00 | \$152.00 | \$172.00 | \$172.00 | \$192.00 | \$192.00 | \$212.00 |
| Employee/Retiree + Family | \$264.00 | \$284.00 | \$284.00 | \$304.00 | \$304.00 | \$324.00 | \$324.00 | \$344.00 |

MEDICARE ADVANTAGE ENHANCED PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

| | | | | | | | | |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Employee/Retiree + Child(ren) | \$198.00 | \$218.00 | \$218.00 | \$238.00 | \$238.00 | \$258.00 | \$258.00 | \$278.00 |
| Employee/Retiree + Spouse | \$198.00 | \$218.00 | \$218.00 | \$238.00 | \$238.00 | \$258.00 | \$258.00 | \$278.00 |
| Employee/Retiree + Family | \$396.00 | \$416.00 | \$416.00 | \$436.00 | \$436.00 | \$456.00 | \$456.00 | \$476.00 |

TRADITIONAL 70/30 PLAN FOR MEDICARE PRIMARY DEPENDENT(S)

| | | | | | | | | |
|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Employee/Retiree + Child(ren) | \$150.06 | \$170.06 | \$170.06 | \$190.06 | \$190.06 | \$210.06 | \$210.06 | \$230.06 |
| Employee/Retiree + Spouse | \$394.56 | \$414.56 | \$414.56 | \$434.56 | \$434.56 | \$454.56 | \$454.56 | \$474.56 |
| Employee/Retiree + Family | \$429.92 | \$449.92 | \$449.92 | \$469.92 | \$469.92 | \$489.92 | \$489.92 | \$509.92 |

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 eligible 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 Members is \$463.68.