



NEW HANOVER COUNTY

MONTHLY MEDICAL AND DENTAL PLAN RATES (EFFECTIVE AUGUST 1, 2018 - JULY 31, 2019)

MEDICAL - BASE PLAN OPTION							
COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$539.12	\$393.64	\$145.48	\$485.22	\$53.90	\$510.22	\$28.90
Employee and 1 child	\$735.94	\$429.78	\$306.16	\$625.56	\$110.38	\$650.56	\$85.38
Employee/Children	\$1,011.72	\$581.44	\$430.28	\$859.96	\$151.76	\$884.96	\$126.76
*Employee and Spouse	\$1,006.60	\$528.30	\$478.30	\$805.28	\$201.32	\$830.28	\$176.32
*Family	\$1,379.20	\$714.60	\$664.60	\$1,103.36	\$275.84	\$1,128.36	\$250.84

MEDICAL - BUY-UP PLAN OPTION							
COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$589.36	\$393.64	\$195.72	\$485.22	\$104.14	\$510.22	\$79.14
Employee and 1 child	\$809.34	\$429.78	\$379.56	\$625.56	\$183.78	\$650.56	\$158.78
Employee/Children	\$1,117.52	\$581.44	\$536.08	\$859.96	\$257.56	\$884.96	\$232.56
*Employee and Spouse	\$1,110.96	\$528.30	\$582.66	\$805.28	\$305.68	\$830.28	\$280.68
*Family	\$1,527.62	\$714.60	\$813.02	\$1,103.36	\$424.26	\$1,128.36	\$399.26

MEDICAL - HIGH DEDUCTIBLE HEALTH PLAN OPTION WITH HEALTH SAVINGS ACCOUNT (HSA)							
COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$539.12	\$393.64	\$145.48	\$485.22	\$53.90	\$510.22	\$28.90
Employee and 1 child	\$735.94	\$429.78	\$306.16	\$625.56	\$110.38	\$650.56	\$85.38
Employee/Children	\$1,011.72	\$581.44	\$430.28	\$859.96	\$151.76	\$884.96	\$126.76
*Employee and Spouse	\$1,006.60	\$528.30	\$478.30	\$805.28	\$201.32	\$830.28	\$176.32
*Family	\$1,379.20	\$714.60	\$664.60	\$1,103.36	\$275.84	\$1,128.36	\$250.84

Annual HSA contribution from County:

Employee Only - \$750 ● Employee/1 child - \$1,200 ● Employee/Children - \$1,500 ● Employee/Spouse - \$1,500 ● Family -

Preferred Rate: Covered employees and spouses must take the health risk assessment (HRA) and comply with the follow-up requirements.

Preferred Plus Rate: Must qualify for the preferred rate; and employees must have 0-1 risk factors or show improvement between the 2017 and 2018 health risk assessment (HRA), if they had 2 or more risk factors.

**Rates do not include \$150 surcharge for spouse coverage*

DENTAL PLAN - DELTA DENTAL			
COVERAGE LEVEL	TOTAL PREMIUM	COUNTY	EMPLOYEE
Employee Only	\$35.28	\$31.28	\$4.00
Emp/Child or Emp/Spouse	\$59.32	\$41.60	\$17.72
Emp/Children or Family	\$88.84	\$57.98	\$30.86

Employee Premiums for other Insurance Plans Effective 8/1/18 – 7/31/19
(Premiums are per pay period and will be taken for 24 pay periods over the plan year)

HOSPITAL GAP (GUARDIAN)			
	BASE	BUY-UP	HIGH-DEDUCTIBLE
Emp Only	\$25.09	\$18.32	\$22.44
Emp/Spouse	\$56.64	\$37.90	\$47.63
Emp/Child(ren)	\$42.81	\$29.37	\$35.68
Family	\$67.28	\$48.04	\$55.92
VISION PLAN (COMMUNITY EYE CARE)			
Emp Only	\$5.96		
Emp/Child or Spouse	\$11.80		
Family	\$17.47		
CANCER PLAN (GUARDIAN)			
Emp Only	\$10.07		
Emp/Child or Spouse	\$15.33		
Emp/Child(ren)	\$14.42		
Family	\$19.67		
ACCIDENT PLAN (GUARDIAN)			
Emp Only	\$6.26		
Emp/Spouse	\$9.18		
Emp/Child(ren)	\$12.63		
Family	\$15.79		
VOLUNTARY AD&D (SUN LIFE)			
COVERAGE AMOUNT	\$10K/\$50K	\$100K/\$200K	
Emp Only	\$.26/\$1.30	\$2.60/\$5.20	
Emp/Spouse/Child/Fam	\$.41/\$2.05	\$4.10/\$8.20	
PRE-PAID LEGAL (LEGAL SHIELD)			
Basic	\$7.98		
Identity Theft	\$7.48		
Basic & Identity Theft	\$12.96		
CRITICAL ILLNESS (GUARDIAN)			
Critical Illness will be offered by a new provider, Guardian, for employees and spouses. There will be no "tobacco" or "non-tobacco" premium categories. Enrollees under the current plan will be grandfathered into the new plan, receiving more benefit for less premium. Premiums will vary, according to the age of the employee.			
SHORT-TERM DISABILITY (SUN-LIFE)			
Short-term disability <u>will not</u> be offered as a new election during the upcoming open enrollment. Current enrollees will be allowed to cancel their short-term disability. Employees will be required to contact Human Resources during open enrollment for cancelation of this plan. Premiums for coverage vary, according to the age of the employee.			
VOLUNTARY TERM LIFE INSURANCE (SUN-LIFE)			
Voluntary term life insurance (employee, spouse, and dependent) <u>will not</u> be offered as a new election during the upcoming open enrollment. Current enrollees will not be allowed to increase the value of their current term life insurance plans during open enrollment; however, they will be allowed to decrease/cancel their current voluntary term life coverage. Employees will be required to contact Human Resources during open enrollment for such changes to these plans. Premiums for employee and spouse coverage vary, according to the age of the employee. Premiums for dependent coverage in the amount of \$10,000 is \$.60 per pay period.			
LONG-TERM CARE (UNUM)			
This benefit is offered to employees and spouses. Enrollment is subject to approval by the insurance carrier. Premiums vary, according to coverage levels.			