



NEW HANOVER COUNTY

MONTHLY MEDICAL AND DENTAL PLAN RATES (EFFECTIVE AUGUST 1, 2019 - JULY 31, 2020)

MEDICAL - BASE PLAN OPTION							
COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$555.28	\$370.04	\$185.24	\$499.76	\$55.52	\$524.76	\$30.52
Employee and 1 child	\$773.18	\$450.28	\$322.90	\$657.22	\$115.96	\$682.22	\$90.96
Employee/Children	\$1,062.92	\$609.62	\$453.30	\$903.48	\$159.44	\$928.48	\$134.44
*Employee and Spouse	\$1,078.28	\$564.14	\$514.14	\$862.62	\$215.66	\$887.62	\$190.66
*Family	\$1,477.40	\$763.70	\$713.70	\$1,181.92	\$295.48	\$1,206.92	\$270.48

MEDICAL - BUY-UP PLAN OPTION							
COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$607.04	\$370.04	\$237.00	\$499.76	\$107.28	\$524.76	\$82.28
Employee and 1 child	\$850.30	\$450.28	\$400.02	\$657.22	\$193.08	\$682.22	\$168.08
Employee/Children	\$1,174.08	\$609.62	\$564.46	\$903.48	\$270.60	\$928.48	\$245.60
*Employee and Spouse	\$1,190.08	\$564.14	\$625.94	\$862.62	\$327.46	\$887.62	\$302.46
*Family	\$1,636.40	\$763.70	\$872.70	\$1,181.92	\$454.48	\$1,206.92	\$429.48

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	\$555.28	\$370.04	\$185.24	\$499.76	\$55.52	\$524.76	\$30.52
Employee and 1 child	\$773.18	\$450.28	\$322.90	\$657.22	\$115.96	\$682.22	\$90.96
Employee/Children	\$1,062.92	\$609.62	\$453.30	\$903.48	\$159.44	\$928.48	\$134.44
*Employee and Spouse	\$1,078.28	\$564.14	\$514.14	\$862.62	\$215.66	\$887.62	\$190.66
*Family	\$1,477.40	\$763.70	\$713.70	\$1,181.92	\$295.48	\$1,206.92	\$270.48

**Annual HSA contribution from County:**

**Employee Only - \$750 ● Employee/1 child - \$1,250 ● 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 2018 and 2019 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