



NEW HANOVER COUNTY
MONTHLY MEDICAL AND DENTAL PLAN RATES (EFFECTIVE AUGUST 1, 2022 - JULY 31, 2023)

MEDICAL - BASE PLAN OPTION

COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$590.28	\$388.36	\$201.92	\$531.26	\$59.02	\$556.26	\$34.02
Employee and 1 child	\$821.90	\$477.08	\$344.82	\$698.64	\$123.26	\$723.64	\$98.26
Employee/Children	\$1,129.88	\$646.44	\$483.44	\$960.40	\$169.48	\$985.40	\$144.48
*Employee and Spouse	\$1,146.22	\$598.12	\$548.10	\$916.98	\$229.24	\$941.98	\$204.24
*Family	\$1,570.48	\$810.24	\$760.24	\$1,256.38	\$314.10	\$1,281.38	\$289.10

DENTAL PLAN - DELTA DENTAL

TOTAL PREMIUM	COUNTY	EMPLOYEE
\$35.28	\$31.28	\$4.00
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86

MEDICAL - BUY-UP PLAN OPTION

COVERAGE LEVEL	TOTAL PREMIUM	STANDARD RATE		PREFERRED RATE		PREFERRED PLUS RATE	
		COUNTY	EMPLOYEE	COUNTY	EMPLOYEE	COUNTY	EMPLOYEE
Employee Only	\$645.28	\$388.36	\$256.92	\$531.26	\$114.02	\$556.26	\$89.02
Employee and 1 child	\$903.88	\$477.08	\$426.80	\$698.64	\$205.24	\$723.64	\$180.24
Employee/Children	\$1,248.06	\$646.44	\$601.62	\$960.40	\$287.66	\$985.40	\$262.66
*Employee and Spouse	\$1,265.06	\$598.12	\$666.94	\$916.98	\$348.08	\$941.98	\$323.08
*Family	\$1,739.50	\$810.24	\$929.26	\$1,256.38	\$483.12	\$1,281.38	\$458.12

DENTAL PLAN - DELTA DENTAL

TOTAL PREMIUM	COUNTY	EMPLOYEE
\$35.28	\$31.28	\$4.00
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86

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	\$590.28	\$388.36	\$201.92	\$531.26	\$59.02	\$556.26	\$34.02
Employee and 1 child	\$821.90	\$477.08	\$344.82	\$698.64	\$123.26	\$723.64	\$98.26
Employee/Children	\$1,129.88	\$646.44	\$483.44	\$960.40	\$169.48	\$985.40	\$144.48
*Employee and Spouse	\$1,146.22	\$598.12	\$548.10	\$916.98	\$229.24	\$941.98	\$204.24
*Family	\$1,570.48	\$810.24	\$760.24	\$1,256.38	\$314.10	\$1,281.38	\$289.10

DENTAL PLAN - DELTA DENTAL

TOTAL PREMIUM	COUNTY	EMPLOYEE
\$35.28	\$31.28	\$4.00
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86
\$59.32	\$41.60	\$17.72
\$88.84	\$57.98	\$30.86

Annual HSA (county): Employee Only - \$750; Employee/Child - \$1,250; Employee/Children - \$1,500; Employee/Spouse - \$1,500; Family - \$2,250

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 hve 0-1 risk factors or show improvement between the 2021 and 2022 HRA, if they had 2 or more risk factors.

*Medical rates do not include the \$150 surcharge for spouse coverage. There is no surcharge for spouse coverage on the dental plan.