

## Proposed Monthly Employee Contributions

<b>Provider</b>	<b>Coverage Option</b>	<b>NC &amp; AFSCME Employee Contribution (Current)</b>	<b>NC &amp; AFSCME Employee Contribution (Proposed) Effective 1/1/21</b>	<b>Change</b>
Blue Cross (PPO)	Single	\$131.00	\$140.00	\$9.00
	Couple	\$264.00	\$283.00	\$19.00
	Family	\$354.00	\$379.00	\$25.00
Blue Cross (HMO)	Single	\$78.00	\$78.00	\$0.00
	Couple	\$163.00	\$163.00	\$0.00
	Family	\$233.00	\$233.00	\$0.00
Kaiser (HMO)	Single	\$65.00	\$62.00	-\$3.00
	Couple	\$129.00	\$124.00	-\$5.00
	Family	\$183.00	\$176.00	-\$7.00
Delta Dental (PPO)	Single	\$5.00	\$5.00	\$0.00
	Couple	\$9.00	\$9.00	\$0.00
	Family	\$14.00	\$14.00	\$0.00
DeltaCare (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$4.00	\$4.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Dental Health Services (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$3.00	\$3.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Vision Service Plan	Single	\$1.00	\$1.00	\$0.00
	Couple	\$1.00	\$1.00	\$0.00
	Family	\$3.00	\$3.00	\$0.00

Non-Contract and AFSCME Employees contribute 10% (rounded to whole dollar) towards their individually selected plan's medical and dental premiums