

Proposed Monthly Employee Contributions

| Provider | Coverage Option | NC & AFSCME Employee Contribution (Current) | NC & AFSCME Employee Contribution (Proposed) Effective 1/1/17 | Change |
|-------------------------------|------------------------|--|--|---------------|
| Blue Cross (PPO) | Single | \$111.00 | \$119.00 | \$8.00 |
| | Couple | \$224.00 | \$239.00 | \$15.00 |
| | Family | \$301.00 | \$320.00 | \$19.00 |
| Blue Cross (HMO) | Single | \$75.00 | \$80.00 | \$5.00 |
| | Couple | \$157.00 | \$167.00 | \$10.00 |
| | Family | \$224.00 | \$239.00 | \$15.00 |
| Kaiser (HMO) | Single | \$64.00 | \$61.00 | -\$3.00 |
| | Couple | \$129.00 | \$122.00 | -\$7.00 |
| | Family | \$182.00 | \$173.00 | -\$9.00 |
| Delta Dental (PPO) | Single | \$6.00 | \$6.00 | \$0.00 |
| | Couple | \$10.00 | \$10.00 | \$0.00 |
| | Family | \$15.00 | \$15.00 | \$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 the nearest whole dollar) towards their individually selected plan's medical and dental premiums.