

## 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 1/1/18</b>	<b>Change</b>
Blue Cross (PPO)	Single	\$119.00	\$128.00	\$9.00
	Couple	\$239.00	\$257.00	\$18.00
	Family	\$320.00	\$345.00	\$25.00
Blue Cross (HMO)	Single	\$80.00	\$80.00	\$0.00
	Couple	\$167.00	\$167.00	\$0.00
	Family	\$239.00	\$239.00	\$0.00
Kaiser (HMO)	Single	\$61.00	\$68.00	\$7.00
	Couple	\$122.00	\$137.00	\$15.00
	Family	\$173.00	\$193.00	\$20.00
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