

HIGH DEDUCTIBLE HEALTH PLAN

NON-MEDICARE PRIMARY for SUBSCRIBER and DEPENDENT(S) MONTHLY PREMIUM RATES January 1, 2027 - December 31, 2027

COVERAGE TYPE	SUBSCRIBER MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL SUBSCRIBER MONTHLY PREMIUM
Subscriber Only	\$106.04	\$0.00	\$106.04
Subscriber + Child(ren)	\$106.04	\$147.00	\$253.04
Subscriber + Spouse	\$106.04	\$519.76	\$625.80
Subscriber + Family	\$106.04	\$519.76	\$625.80

NOTES:

1. The HDHP benefit option will be available only to employees eligible for coverage under G.S. §135.48.40(e).
2. The employer share for subscribers is \$203.72.

