STANDARD PPO & PLUS PPO PLAN
for 12-Month RIF Subscribers

North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Monthly Premium Rates **January 1, 2027 to December 31, 2027**	**STANDARD PPO Plan** Salary Band at Time of Termination				**PLUS PPO Plan** Salary Band at Time of Termination			
	$50,000 + UNDER	**$50,001 - $65,000**	**$65,001 - $90,000**	**$90,001 + OVER**	**$50,000 + UNDER**	**$50,001 - $65,000**	**$65,001 - $90,000**	**$90,001 + OVER**
NON-MEDICARE and MEDICARE PRIMARY SUBSCRIBERS with NON-MEDICARE DEPENDENT(S)								
Subscriber Only	$36.76	$52.52	$68.28	$84.00	$69.32	$98.72	$128.12	$168.04
Subscriber + Child(ren)	$194.28	$210.04	$225.80	$241.52	$289.84	$319.24	$348.64	$388.56
Subscriber + Spouse	$603.76	$619.52	$635.28	$651.00	$783.32	$812.72	$842.12	$882.04
Subscriber + Family	$603.76	$619.52	$635.28	$651.00	$783.32	$812.72	$842.12	$882.04
MEDICARE PRIMARY for DEPENDENT(S) ONLY								
Subscriber + Child(ren)	$172.20	$187.96	$203.72	$219.44	$204.76	$234.16	$263.56	$303.48
Subscriber + Spouse	$546.00	$561.76	$577.52	$593.24	$578.56	$607.96	$637.36	$677.28
Subscriber + Family	$546.00	$561.76	$577.52	$593.24	$578.56	$607.96	$637.36	$677.28
MEDICARE PRIMARY for SUBSCRIBER and DEPENDENT(S)								
Subscriber + Child(ren)	$172.20	$187.96	$203.72	$219.44	$204.76	$234.16	$263.56	$303.48
Subscriber + Spouse	$546.00	$561.76	$577.52	$593.24	$578.56	$607.96	$637.36	$677.28
Subscriber + Family	$546.00	$561.76	$577.52	$593.24	$578.56	$607.96	$637.36	$677.28

NOTES:

1. The employer share for 12-Month RIF subscribers is $745.44.