

**"2021 ACTIVE EMPLOYEE RATE SCHEDULE" for ACTIVE EMPLOYEES IN CSEA, NCCFT, DAI, PBA, SOA, COBA, ORDINANCE #543 and COLLEGE ORDINANCE #543**

		Monthly Premium	CSEA, DAI, PBA, SOA hired before 4/1/14	CSEA, DAI, PBA, SOA hired on or after 4/1/14	COBA hired before 6/1/14	COBA hired on or after 6/1/14*****	Ord. #543 hired on/after 1/1/02 but before 7/1/14*	Ord. #543 hired on/after 7/1/14*	College Ord. #543 hired on/after 6/1/02 ** CLASS CODE CO	NCCFT hired before 5/1/14	NCCFT hired on or after 5/1/14****	COBRA***	Domestic Partner Imputed Value
<b>Empire Plan:</b>													
Individual	1	\$1,074.87	\$0.00	\$80.62	\$0.00	\$80.62	\$26.87	\$80.62	\$53.74	\$0.00	\$80.62	\$1,074.87	TBA
Family		2,452.24	\$0.00	\$183.92	\$0.00	\$183.92	\$122.61	\$183.92	\$122.61	\$0.00	\$183.92	\$2,452.24	
<b>HIP Plan:</b>													
Individual		1,345.86	135.50	\$216.11	135.50	\$216.11	\$162.37	\$216.11	\$189.24	135.50	\$216.11	\$1,372.78	\$1,345.86
Family		3,297.33	422.55	\$606.46	422.55	\$606.46	\$545.16	\$606.46	\$545.16	422.55	\$606.46	\$3,363.28	
<b>AETNA Standard Plan HMO:</b>													
Individual		1,717.30	\$321.22	\$401.83	\$321.22	\$401.83	\$348.09	\$401.83	\$374.96	\$321.22	\$401.83	\$1,751.65	\$1,717.30
Family		4,813.50	\$1,180.63	\$1,364.55	\$1,180.63	\$1,364.55	\$1,303.24	\$1,364.55	\$1,303.24	\$1,180.63	\$1,364.55	\$4,909.77	
<b>AETNA OAMC#:</b>													
Individual		964.34	Not Eligible	\$25.35	Not Eligible	\$25.35	Not Eligible	\$25.35	Not Eligible	Not Eligible	\$25.35	\$983.63	\$964.34
Family		2,231.37	Not Eligible	\$73.48	Not Eligible	\$73.48	Not Eligible	\$73.48	Not Eligible	Not Eligible	\$73.48	\$2,276.00	
<b>HIP/VYTRA Network:</b>													
Individual		1,291.92	\$108.53	\$189.14	\$108.53	\$189.14	\$135.40	\$189.14	\$162.27	\$108.53	\$189.14	\$1,317.76	\$1,291.92
Family		2,583.84	\$65.80	\$249.72	\$65.80	\$249.72	\$188.41	\$249.72	\$188.41	\$65.80	\$249.72	\$2,635.52	
<b>DENTAL Plan:</b>													
Individual		\$46.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.69	\$46.75
Family		\$46.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.69	
<b>OPTICAL Plan:</b>													
Individual		\$9.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.38	\$9.20
Family		\$9.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.38	

\*Per Ordinance #4-2002, Ordinance #543 employees hired on/after 1/1/02 but before 7/1/14 and earning an annual salary greater than \$30,000. must contribute 5% (individual plan) or 10% (family plan) of the cost of the health insurance premium. If the employee chooses a plan that is more in excess of the Empire Plan premium costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium. Per Ordinance #77-2014, Ordinance #543 employees hired on/after 7/1/14 and earning an annual salary greater than \$30,000 must contribute 15% of the cost of the health insurance premium. If the employee chooses a plan that is more in excess of the Empire Plan premium costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium.

\*\*The College Board of Trustees has authorized that College Ordinance #543 employees hired after 6/1/02 must contribute 10% (individual plan) or 10% (family plan) of the cost of the health insurance premium. If the employee chooses a plan that is more costly than the Empire Plan, the employee is also responsible for the premium portion in excess of the Empire Plan premium.

\*\*\*COBRA premiums include a 2% administrative service fee as authorized in the Federal Consolidated Omnibus Reconciliation Act (COBRA).

\*\*\*\*The 10% employee contribution amount for NCCFT members hired on or after 5/1/14 will be in effect from September 1, 2014 through August 31, 2015 at which time, the employee contribution will increase to 12.5% effective September 1, 2015. The contribution will rise to 15% effective September 1, 2016

\*\*\*\*\*COBA members hired on or after 6/1/14 - If enrolled in The Empire Plan, the employee shall contribute 15% of the cost of the health insurance premium. If enrolled with an alternative health insurance plan (which shall include, but not be limited to, any offered HIP, AETNA, Blue Cross HMO, and HIP/VYTRA Network), the County shall pay, towards the cost of the premium in either the individual or family plan, all amounts up to the monetary equivalent of 85% of the cost of The Empire Plan (individual or family, as appropriate). To the extent the annual premium cost is equal to or less than 85% of the cost of The Empire Plan, the employer shall pay the full cost of the health insurance premium. To the extent the annual premium exceeds 85% of the cost of The Empire Plan, the employee shall pay the difference.

# The Aetna Open Access Managed Care (OAMC) plan is only available to those employees who would otherwise have to contribute 15% towards any other plan due to recent MOA's with various unions and a new Ordinance in 2014.

**Legend:**

1) Young Adult Option: Provides Coverage for Unmarried Young adults through Age 29.