

NORTH CAROLINA TEACHERS' AND STATE EMPLOYEES' COMPREHENSIVE MAJOR MEDICAL PLAN

Monthly Contribution Rates
Effective October 1, 2005

	<u>EMPLOYER CONTRIBUTION</u>	<u>EMPLOYEE CONTRIBUTION</u>	<u>TOTAL COST</u>	<u>COBRA</u>	NATIONAL GUARD, FIRE DEPARTMENT AND EMERGENCY MEDICAL
NON-MEDICARE					
EMPLOYEE ONLY	321.14	0.00	321.14	327.54	385.38
EMPLOYEE /CHILD(REN)	321.14	200.18	521.32	531.74	625.58
EMPLOYEE /FAMILY	321.14	480.14	801.28	817.32	961.54
MEDICARE*					
EMPLOYEE ONLY	244.48	0.00	244.48	249.38	
EMPLOYEE/CHILD(REN)					
EMPLOYEE ELIGIBLE	244.48	200.18	444.66	453.54	
CHILD(REN) ELIGIBLE	321.14	152.16	473.30	482.76	
EMPLOYEE AND CHILD(REN) ELIGIBLE	244.48	152.16	396.64	404.56	
EMPLOYEE AND FAMILY					
EMPLOYEE ELIGIBLE	244.48	480.14	724.62	739.12	
DEPENDENT(S) ELIGIBLE	321.14	364.92	686.06	699.78	
EMPLOYEE AND DEPENDENT(S) ELIGIBLE	244.48	364.92	609.40	621.58	

* Medicare rates do not apply to active employees and/or their dependents since the employer plan is the primary coverage.

NOTE: If your employment contract is for less than 12 months, contact your HBR or benefits office for monthly rates.