

MACON COUNTY BENEFITS

MACON COUNTY EMPLOYEES (Self-Insured) HEALTH INSURANCE PLANS

BLUE CROSS BLUE SHIELD OF NC - PLAN ADMINISTRATOR

Basic Health Plan

Deductions Semi-Monthly

	<u>EMP</u>	<u>EMP+CHILD</u>	<u>EMP+SPOUSE</u>	<u>EMP+CHILDREN</u>	<u>FAMILY</u>
MONTHLY RATES Total:	\$722.84	\$950.24	\$1283.22	\$1424.78	\$1710.20
County Cost Monthly:	722.84	842.24	1017.22	1091.78	1241.20
County Pays Semi-Monthly:	361.42	421.12	508.61	545.89	620.60
Employee Cost Monthly:	-0-	108.00	266.00	333.00	469.00
Employee Pays Semi-Monthly:	-0-	(\$54.00 sm)	(\$133.00 sm)	(\$166.50 sm)	(\$234.50 sm)
Deduction Codes:	2460	2461	2463	2462	2464

Enhanced Health Plan

Deductions Semi-Monthly

	<u>EMP</u>	<u>EMP+CHILD</u>	<u>EMP+SPOUSE</u>	<u>EMP+CHILDREN</u>	<u>FAMILY</u>
MONTHLY RATES Total:	\$806.42	\$1068.70	\$1452.92	\$1616.28	\$1945.28
County Cost Monthly:	806.42	908.70	1058.92	1123.28	1252.28
County Pays Semi-Monthly:	403.21	454.35	529.46	561.64	626.14
Employee Cost Monthly:	-0-	160.00	394.00	493.00	693.00
Employee Pays Semi-Monthly:	-0-	(\$80.00 sm)	(\$197.00 sm)	(\$246.50 sm)	(\$346.50 sm)
Deduction Codes:	2410	2411	2413	2412	2414

DELTA DENTAL

Deductions Semi-Monthly

DENTAL

LOW

HIGH

Employee Only	\$12.07 sm (2465)	\$24.14 mo.	\$16.64 sm (2431)	\$33.28 mo.
Employee + Spouse	\$23.73 sm (2466)	\$47.46 mo.	\$35.69 sm (2432)	\$71.38 mo.
Employee + Child(ren)	\$35.01 sm (2467)	\$70.02 mo.	\$56.71 sm (2433)	\$113.42 mo.
Family	\$46.67 sm (2468)	\$93.34 mo.	\$75.61 sm (2434)	\$151.22 mo.

COMMUNITY EYE CARE

Deductions Semi-Monthly

VISION

GOLD (150 plan)

PLATINUM (200 plan)

Employee Only	\$ 5.69 sm (2447)	\$ 7.53 sm (2442)
Employee + 1	\$10.78 sm (2448)	\$14.30 sm (2443)
Family	\$15.93 sm (2449)	\$21.07 sm (2444)

LIFE INSURANCE

Benefits and premiums are reduced 50% at age 70

Deduction Codes:

2400 – Employer Paid \$30,000 of coverage on employee

8000 – Dependent Life up to \$5,000 of coverage for your spouse and children \$1.35 per covered Life (Employee Paid)

8001 – Employee Supplemental Life and AD&D Insurance – up to the lesser of 8x your annual earnings or \$100,000 in Increments of \$5,000. Accidental Death & Dismemberment coverage is equal to 100% of the Supplement Life coverage Elected.

Spouse Benefit – Up to \$30,000, not to exceed 50% of the employee benefit, in increments of \$5,000.

Child Benefit – Up to \$10,000, in increments of \$5,000.