

# High Deductible Health Plan

## NON-MEDICARE PRIMARY FOR SUBSCRIBER AND DEPENDENT(S) MONTHLY PREMIUM RATES JANUARY 1, 2024 - DECEMBER 31, 2024

COVERAGE TYPE	SUBSCRIBER MONTHLY PREMIUM	DEPENDENT MONTHLY PREMIUM	TOTAL SUBSCRIBER MONTHLY PREMIUM
Subscriber Only	\$96.00	\$0.00	\$96.00
Subscriber + Child(ren)	\$96.00	\$188.00	\$284.00
Subscriber + Spouse	\$96.00	\$417.00	\$513.00
Subscriber + Family	\$96.00	\$521.00	\$617.00

**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 \$184.36.