

## HCPS Health & Dental Rates- Effective 01/01/16

Participation in the Hanover Health & Wellness Program provides a \$20/mo. premium savings if enrolled in Core or Value Plan OR receive a \$60/quarter contribution into your Health Savings Account if enrolled in High Deductible Health Plan.

### Anthem Insurance Full-Time Rates

CORE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$498.00	\$438.00	\$60.00	\$30.00
Employee + Child	\$766.00	\$552.00	\$214.00	\$107.00
Employee + Spouse	\$1,040.00	\$655.00	\$385.00	\$192.50
Employee + 2 Children	\$1,025.00	\$660.00	\$365.00	\$182.50
Employee + Family	\$1,437.00	\$895.00	\$542.00	\$271.00
Married (FT or FT/PT) Employees Family			\$342.00	\$171.00
VALUE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$440.00	\$415.00	\$25.00	\$12.50
Employee + Child	\$650.00	\$552.00	\$98.00	\$49.00
Employee + Spouse	\$871.00	\$655.00	\$216.00	\$108.00
Employee + 2 Children	\$861.00	\$660.00	\$201.00	\$100.50
Employee + Family	\$1,210.00	\$895.00	\$315.00	\$157.50
Married (FT or FT/PT) Employees Family			\$115.00	\$57.50
HIGH DEDUCTIBLE HEALTH PLAN	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$317.00	\$317.00	\$0.00	\$0.00
Employee + Child	\$480.00	\$408.00	\$72.00	\$36.00
Employee + Spouse	\$645.00	\$482.00	\$163.00	\$81.50
Employee + 2 Children	\$640.00	\$488.00	\$152.00	\$76.00
Employee + Family	\$898.00	\$672.00	\$226.00	\$113.00
Married (FT or FT/PT) Employees Family			\$26.00	\$13.00

### Anthem Insurance Part-Time Rates

CORE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$498.00	\$312.00	\$186.00	\$93.00
Employee + Child	\$766.00	\$422.00	\$344.00	\$172.00
Employee + Spouse	\$1,040.00	\$521.00	\$519.00	\$259.50
Employee + 2 Children	\$1,025.00	\$523.00	\$502.00	\$251.00
Employee + Family	\$1,437.00	\$753.00	\$684.00	\$342.00
Married (BOTH PT) Employees Family			\$484.00	\$242.00
VALUE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$440.00	\$300.00	\$140.00	\$70.00
Employee + Child	\$650.00	\$422.00	\$228.00	\$114.00
Employee + Spouse	\$871.00	\$521.00	\$350.00	\$175.00
Employee + 2 Children	\$861.00	\$523.00	\$338.00	\$169.00
Employee + Family	\$1,210.00	\$753.00	\$457.00	\$228.50
Married (BOTH PT) Employees Family			\$257.00	\$128.50
HIGH DEDUCTIBLE HEALTH PLAN	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$317.00	\$235.00	\$82.00	\$41.00
Employee + Child	\$480.00	\$308.00	\$172.00	\$86.00
Employee + Spouse	\$645.00	\$378.00	\$267.00	\$133.50
Employee + 2 Children	\$640.00	\$380.00	\$260.00	\$130.00
Employee + Family	\$898.00	\$550.00	\$348.00	\$174.00
Married (BOTH PT) Employees Family			\$148.00	\$74.00

### Delta Dental Full-Time and Part-Time Rates

DELTACARE (DHMO)	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$25.46	\$0.00	\$25.46	\$12.73
Employee + Child	\$44.18	\$0.00	\$44.18	\$22.09
Employee + Spouse OR Employee + 2 Children	\$46.84	\$0.00	\$46.84	\$23.42
Employee + Family	\$63.78	\$0.00	\$63.78	\$31.89
DELTA DENTAL LOW PLAN	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$24.56	\$0.00	\$24.56	\$12.28
Employee + Child	\$42.24	\$0.00	\$42.24	\$21.12
Employee + Spouse OR Employee + 2 Children	\$49.66	\$0.00	\$49.66	\$24.83
Employee + Family	\$88.94	\$0.00	\$88.94	\$44.47
DELTA DENTAL HIGH PLAN	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$32.48	\$0.00	\$32.48	\$16.24
Employee + Child	\$55.84	\$0.00	\$55.84	\$27.92
Employee + Spouse OR Employee + 2 Children	\$65.66	\$0.00	\$65.66	\$32.83
Employee + Family	\$108.26	\$0.00	\$108.26	\$54.13