

HCPS Health and Dental Rates - Effective 1/01/2017

NOTE: Participation in the Hanover Wellness Program provides \$20/month premium savings if enrolled in the CORE or VALUE Plan OR receive a \$60/quarterly contribution to your Health Savings Account if enrolled in the HIGH DEDUCTIBLE Plan.

Anthem - Full Time Rates				EMPLOYEE RESPONSIBILITY
CORE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$528.00	\$468.00	\$60.00	\$30.00
Employee + Child	\$812.00	\$589.00	\$223.00	\$111.50
Employee + 2 Children	\$1,087.00	\$710.00	\$377.00	\$188.50
Employee + Spouse	\$1,102.00	\$705.00	\$397.00	\$198.50
Employee + Family	\$1,523.00	\$965.00	\$558.00	\$279.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,165.00	\$358.00	\$179.00
VALUE PLAN - OPEN ACCESS				
Employee	\$466.00	\$441.00	\$25.00	\$12.50
Employee + Child	\$689.00	\$589.00	\$100.00	\$50.00
Employee + 2 Children	\$913.00	\$710.00	\$203.00	\$101.50
Employee + Spouse	\$923.00	\$705.00	\$218.00	\$109.00
Employee + Family	\$1,283.00	\$965.00	\$318.00	\$159.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,283.00	\$1,165.00	\$118.00	\$59.00
High Deductible Health Plan w/H.S.A.				
Employee	\$333.00	\$333.00	\$0.00	\$0.00
Employee + Child	\$504.00	\$430.00	\$74.00	\$37.00
Employee + 2 Children	\$672.00	\$514.00	\$158.00	\$79.00
Employee + Spouse	\$677.00	\$508.00	\$169.00	\$84.50
Employee + Family	\$943.00	\$709.00	\$234.00	\$117.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$943.00	\$909.00	\$34.00	\$17.00

Anthem - Part Time Rates

CORE PLAN - OPEN ACCESS	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$528.00	\$342.00	\$186.00	\$93.00
Employee + Child	\$812.00	\$459.00	\$353.00	\$176.50
Employee + 2 Children	\$1,087.00	\$573.00	\$514.00	\$257.00
Employee + Spouse	\$1,102.00	\$571.00	\$531.00	\$265.50
Employee + Family	\$1,523.00	\$823.00	\$700.00	\$350.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,523.00	\$1,023.00	\$500.00	\$250.00
VALUE PLAN - OPEN ACCESS				
Employee	\$466.00	\$326.00	\$140.00	\$70.00
Employee + Child	\$689.00	\$459.00	\$230.00	\$115.00
Employee + 2 Children	\$913.00	\$573.00	\$340.00	\$170.00
Employee + Spouse	\$923.00	\$571.00	\$352.00	\$176.00
Employee + Family	\$1,283.00	\$823.00	\$460.00	\$230.00
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$1,283.00	\$1,023.00	\$260.00	\$130.00
High Deductible Health Plan w/H.S.A.				
Employee	\$333.00	\$251.00	\$82.00	\$41.00
Employee + Child	\$504.00	\$328.00	\$176.00	\$88.00
Employee + 2 Children	\$672.00	\$403.00	\$269.00	\$134.50
Employee + Spouse	\$677.00	\$401.00	\$276.00	\$138.00
Employee + Family	\$943.00	\$584.00	\$359.00	\$179.50
Married (FT or FT/PT) Employee Family Both spouses work for Hanover	\$943.00	\$784.00	\$159.00	\$79.50

Delta Dental - Full Time & Part Time Rates

DeltaCare	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE
Employee	\$25.54	\$0.00	\$25.54	\$12.77
Employee + Child	\$44.32	\$0.00	\$44.32	\$22.16
Employee + Spouse OR Employee + 2 Children	\$46.98	\$0.00	\$46.98	\$23.49
Employee + Family	\$63.98	\$0.00	\$63.98	\$31.99
Delta Low Option				
Employee	\$24.74	\$0.00	\$24.74	\$12.37
Employee + Child	\$42.54	\$0.00	\$42.54	\$21.27
Employee + Spouse OR Employee + 2 Children	\$50.02	\$0.00	\$50.02	\$25.01
Employee + Family	\$89.56	\$0.00	\$89.56	\$44.78
Delta High Option				
Employee	\$34.98	\$0.00	\$34.98	\$17.49
Employee + Child	\$60.14	\$0.00	\$60.14	\$30.07
Employee + Spouse OR Employee + 2 Children	\$70.72	\$0.00	\$70.72	\$35.36
Employee + Family	\$116.60	\$0.00	\$116.60	\$58.30