

## Hanover County Health and Dental Rates - Effective 1/01/2018

NOTE: Participation in the Wellness Program provides \$20/month premium savings if enrolled in the Premium or Standard Plan  
OR receive a \$60/quarterly contribution to your HSA if enrolled in the Consumer Driven Health Plan.

### Cigna - Full Time Rates

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE	EMPLOYEE RESPONSIBILITY
<b>PREMIUM PLAN</b>					
Employee	\$582.00	\$511.00	\$71.00	\$35.50	
Employee + Child	\$879.00	\$644.00	\$235.00	\$117.50	
Employee + Spouse	\$1,184.00	\$770.00	\$414.00	\$207.00	
Employee + 2 Children	\$1,171.00	\$776.00	\$395.00	\$197.50	
Employee + Family	\$1,643.00	\$1,055.00	\$588.00	\$294.00	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,643.00	\$1,255.00	\$388.00	\$194.00	
<b>STANDARD PLAN</b>					
Employee	\$514.00	\$482.00	\$32.00	\$16.00	
Employee + Child	\$775.00	\$644.00	\$131.00	\$65.50	
Employee + Spouse	\$1,044.00	\$770.00	\$274.00	\$137.00	
Employee +2 Children	\$1,033.00	\$776.00	\$257.00	\$128.50	
Employee + Family	\$1,450.00	\$1,055.00	\$395.00	\$197.50	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,450.00	\$1,255.00	\$195.00	\$97.50	
<b>Consumer Driven Health Plan w/H.S.A.</b>					
	Note: County contributes \$1,200 (individual) or \$2,400 (family) to your HSA account annually.				
Employee	\$367.00	\$364.00	\$3.00	\$1.50	
Employee + Child	\$555.00	\$470.00	\$85.00	\$42.50	
Employee + Spouse	\$747.00	\$555.00	\$192.00	\$96.00	
Employee + 2 Children	\$739.00	\$562.00	\$177.00	\$88.50	
Employee + Family	\$1,037.00	\$775.00	\$262.00	\$131.00	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,037.00	\$975.00	\$62.00	\$31.00	

### Cigna - Part Time Rates

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE	EMPLOYEE RESPONSIBILITY
<b>PREMIUM PLAN</b>					
Employee	\$582.00	\$385.00	\$197.00	\$98.50	
Employee + Child	\$879.00	\$514.00	\$365.00	\$182.50	
Employee + Spouse	\$1,184.00	\$636.00	\$548.00	\$274.00	
Employee + 2 Children	\$1,171.00	\$639.00	\$532.00	\$266.00	
Employee + Family	\$1,643.00	\$913.00	\$730.00	\$365.00	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,643.00	\$1,113.00	\$530.00	\$265.00	
<b>STANDARD PLAN</b>					
Employee	\$514.00	\$367.00	\$147.00	\$73.50	
Employee + Child	\$775.00	\$514.00	\$261.00	\$130.50	
Employee + Spouse	\$1,044.00	\$636.00	\$408.00	\$204.00	
Employee + 2 Children	\$1,033.00	\$639.00	\$394.00	\$197.00	
Employee + Family	\$1,450.00	\$913.00	\$537.00	\$268.50	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,450.00	\$1,113.00	\$337.00	\$168.50	
<b>Consumer Driven Health Plan w/H.S.A.</b>					
	Note: County contributes \$1,200 (individual) or \$2,400 (family) to your HSA account annually.				
Employee	\$367.00	\$282.00	\$85.00	\$42.50	
Employee + Child	\$555.00	\$368.00	\$187.00	\$93.50	
Employee + Spouse	\$747.00	\$448.00	\$299.00	\$149.50	
Employee + 2 Children	\$739.00	\$451.00	\$288.00	\$144.00	
Employee + Family	\$1,037.00	\$650.00	\$387.00	\$193.50	
<b>Married (FT or FT/PT) Employee Family Both spouses work for Hanover</b>	\$1,037.00	\$850.00	\$187.00	\$93.50	

### Cigna Vision - All Employees **NEW!**

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE	EMPLOYEE RESPONSIBILITY
Employee	\$5.20	\$0.00	\$5.20	\$2.60	
Employee + Child	\$10.50	\$0.00	\$10.50	\$5.25	
Employee + Spouse	\$10.39	\$0.00	\$10.39	\$5.20	
Employee + 2 Children	\$10.50	\$0.00	\$10.50	\$5.25	
Employee + Family	\$16.75	\$0.00	\$16.75	\$8.38	

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

	TOTAL MONTHLY PREMIUM	EMPLOYER MONTHLY SHARE	EMPLOYEE MONTHLY SHARE	EMPLOYEE SEMI-MONTHLY SHARE	EMPLOYEE RESPONSIBILITY
<b>Delta PPO-EPO</b>					
Employee	\$27.28	\$0.00	\$27.28	\$13.64	
Employee + Child	\$47.36	\$0.00	\$47.36	\$23.68	
Employee + Spouse OR Employee + 2 Children	\$50.20	\$0.00	\$50.20	\$25.10	
Employee + Family	\$68.36	\$0.00	\$68.36	\$34.18	
<b>Delta Low Option</b>					
Employee	\$23.50	\$0.00	\$23.50	\$11.75	
Employee + Child	\$40.42	\$0.00	\$40.42	\$20.21	
Employee + Spouse OR Employee + 2 Children	\$47.52	\$0.00	\$47.52	\$23.76	
Employee + Family	\$85.08	\$0.00	\$85.08	\$42.54	
<b>Delta High Option</b>					
Employee	\$33.24	\$0.00	\$33.24	\$16.62	
Employee + Child	\$57.14	\$0.00	\$57.14	\$28.57	
Employee + Spouse OR Employee + 2 Children	\$67.18	\$0.00	\$67.18	\$33.59	
Employee + Family	\$110.78	\$0.00	\$110.78	\$55.39	