# MACON COUNTY BENEFITS COST Effective 7/01/2024 – 6/30/2025

# **MACON COUNTY EMPLOYEES (Self-Insured) HEALTH INSURANCE PLANS**

BLUE CROSS BLUE SHIELD OF NC - PLAN ADMINISTRATOR

## **Basic Health Plan**

Deductions Semi-Monthly

	$\underline{\mathbf{EMP}}$	EMP+CHILD	<b>EMP+SPOUSE</b>	EMP+CHILDREN	<b>FAMILY</b>
<b>MONTHLY RATES Total:</b>	\$ <del>722.8</del> 4	\$950.24	\$1283.22	\$1424.78	<b>\$1710.20</b>
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)
<b>Deduction Codes:</b>	2460	2461	2463	2462	2464

## **Enhanced Health Plan**

**Deductions Semi-Monthly** 

	<u>EMP</u>	EMP+CHILD	<u>EMP+SPOUSE</u>	EMP+CHILDREN	<b>FAMILY</b>
<b>MONTHLY RATES Total:</b>	\$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)
<b>Deduction Codes:</b>	2410	2411	2413	2412	2414

## <u>DELTA DENTAL</u>

#### **Deductions Semi-Monthly**

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

## **COMMUNITY EYE CARE**

**Deductions Semi-Monthly** 

<u>VISION</u>	<u>GOLD</u> (150 plan)	<u>PLATINUM</u> (200 plan)
Employee Only	\$ 5.69 sm ( <b>2447</b> )	\$ 7.53 sm (2442)
Employee + 1	\$10.78 sm <b>(2448)</b>	\$14.30 sm <b>(2443)</b>
Family	\$15.93 sm <b>(2449)</b>	\$21.07 sm <b>(2444)</b>

## **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.