

FirstHealth of the Carolinas  
 2018 *FirstChoice* Benefit Rate Sheet  
 Payroll Deduction Per Pay Period

**Medical Insurance**

<b>Full-Time and Three-Quarter Time Employees</b>					
	Employee <u>Only</u>	Employee <u>+Child</u>	Employee <u>+Children</u>	Employee <u>+Spouse</u>	Employee <u>+Family</u>
Point of Service Plan	\$52.00	\$126.00	\$156.00	\$218.00	\$270.00
High Deductible Plan*	\$52.00	\$126.00	\$156.00	\$218.00	\$270.00

\*For the High Deductible Plan, FirstHealth contributes \$27.00 per pay period into a Health Savings Account for employee coverage and \$54.00 per pay period for employee/dependent coverage.

**Tobacco-Use Premium Surcharge (after-tax) \$15.00**

**No Screen Surcharge (after-tax) \$10.00**

**Dental Insurance**

<b>Full-time, Three-Quarter Time and Half-time Employees</b>				
	Employee <u>Only</u>	Employee <u>+Child</u>	Employee <u>+Spouse</u>	Employee <u>+Family</u>
	\$11.00	\$22.00	\$22.00	\$35.00

**Vision Plan**

<b>Full-time, Three-Quarter Time and Half-time Employees</b>				
	Employee <u>Only</u>	Employee <u>+Child(ren)</u>	Employee <u>+Spouse</u>	Employee <u>+Family</u>
	\$1.59	\$4.85	\$5.29	\$8.61