

FirstHealth of the Carolinas
 2021 *FirstChoice* Benefit Rate Sheet
 Payroll Deduction Per Pay Period

Medical Insurance

Full-Time and Three-Quarter Time Employees					
	Employee <u>Only</u>	Employee <u>+Child</u>	Employee <u>+Children</u>	Employee <u>+Spouse</u>	Employee <u>+Family</u>
Point of Service Plan	\$57.00	\$138.00	\$172.00	\$238.00	\$295.00
High Deductible Plan*	\$57.00	\$138.00	\$172.00	\$238.00	\$295.00

*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

Full-time, Three-Quarter Time and Half-time Employees				
	Employee <u>Only</u>	Employee <u>+Child</u>	Employee <u>+Spouse</u>	Employee <u>+Family</u>
	\$12.00	\$24.00	\$24.00	\$38.00

Vision Plan

Full-time, Three-Quarter Time and Half-time Employees				
	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