



TO: All Health Insurance Participants
 FROM: Carolyn Hedgepeth, Human Resources Director
 DATE: April 6, 2011
 RE: **Health Insurance Open Enrollment**

Edgecombe County has offered health insurance in partnership with the North Carolina Association of County Commissioners (NCACC) since 1995 and we were recently notified that they would no longer provide this service. As a result, effective July 1, 2011 we will deal directly with CIGNA to administer our claims with limited changes in plan administration.

The rates below reflect a 5% increase in our premium for employee coverage only; however, we will have an increase in co-pays and deductibles to help defray cost as follows: Primary office visit co-pay - \$30.00; Specialist co-pay - \$60.00; Annual deductible - \$1250.00. Dependent coverage premium will remain the same as last year. We will continue to require participants to pay \$30.00 per month for their coverage, which will be waived if the health risk assessment is completed for both the biometric screening and the online survey. So again, effective July 1, 2011 our rate structure will be as follows:

(County pays)	(Employee Pays)	(Employee pays)	(Employee pays)	(Employee pays)	(Employee pays)
Employee Only	Employee Only	Child w/o dental	Spouse w/o dental	Children w/o dental	Family w/o dental
\$583.00 (month)	\$30.00*	\$225.00 (month)	\$450.00**(month)	\$349.00 (month)	\$747.00(month)
\$6996.00 (year)	\$360.00 (year)	\$2700.00 (year)	\$5400.00 (year)	\$4188.00 (year)	\$8964.00(year)
		Child w/dental	Spouse w/dental	Children w/dental	Family w/dental
		\$250.00(month)	\$505.00(month)	\$400.00(month)	\$831.00(month)
		\$3000.00(year)	\$6060.00(year)	\$4800.00(year)	\$9972.00(year)

Open enrollment will begin May 9, 2011 through June 10, 2011. If you need to make changes, discontinue coverage, add or drop dependents, submit address changes, etc. please go to the county website at www.edgecombecountync.gov under employee downloads and print the Cigna enrollment form and submit to Human Resources in the County Manager's office or stop by the office for a form anytime between 8:00 a.m. – 5:00 p.m. during this period.

* Fee is waived if employee participates in the Health Risk Assessment

** Additional \$30.00 imposed if covered spouse or child over 18 chooses not to participate in the Health Risk Assessment