

NEW HAMPSHIRE PENSION BOARDS INSURANCE

RATES FOR 2018

HEALTH PLAN A	One Adult	Two Adults	1 Adult with Child(ren)	Two Adults with Child(ren)
AGE:				
41 and older	\$ 2,820.00	\$ 5,597.25	\$ 5,502.75	\$ 6,030.00
40	\$ 2,115.00	\$ 4,197.75	\$ 4,127.25	\$ 4,522.50
35 through 39	\$ 1,494.75	\$ 2,966.25	\$ 2,916.75	\$ 3,195.75
30 through 34	\$ 1,635.75	\$ 3,246.75	\$ 3,191.25	\$ 3,497.25
25 through 29	\$ 1,522.50	\$ 3,022.50	\$ 2,971.50	\$ 3,256.50
under 25	\$ 987.00	\$ 1,959.00	\$ 1,926.00	\$ 2,110.50

MEDICARE SUPPLEMENT PLAN with Rx	Adult(s)	with Medicare Child(ren)	with Non-Medicare Child(ren)
One Medicare Adult	\$ 972.00	\$ 1,846.50	\$ 3,194.75
Two Medicare Adults	\$ 1,846.50	\$ 2,430.00	\$ 3,789.75
Two Adults, one Medicare and one Non-Medicare	\$ 3,260.25	\$ 3,408.75	\$ 3,813.75

Dental Plan 1800	One Adult	Two Adults	1 Adult with Child(ren)	Two Adults with Child(ren)
Quarterly rate	\$ 122.25	\$ 236.25	\$ 240.00	\$ 270.00

The Above Rates Are Quarterly. Multiply by 4 for the Annual Rate.

Vision Plan	One Adult	Two Adults	1 Adult with Child(ren)	Two Adults with Child(ren)
Annual Rate	\$ 100.00	\$ 183.00	\$ 164.00	\$ 249.00

The Vision Plan year begins April 1 and ends March 31

Notes for 2018:

** Health Insurance rates have increased by 7% over 2017. There is no change in deductibles or co-pays.*

** Opposite Gender Domestic Partners are eligible for coverage.*

** The Dental and Vision plan rates remain unchanged from the previous year.*

** Participants wishing to transfer among Health Plans A, B or C may do so through during the Plan Selection Period November 15, 2017 through January 1, 2018.*