

NHRMC and NHRMC Physician Group Medical Plan Rates for 2020

2020 NHRMC Medical Plan (Non-Tobacco Rates)							
Employee Contribution per 26 pay periods							Monthly Cobra
0.75-1.0 FT	0.7 FTE	0.6 FTE	0.5 FTE	0.4 FTE	Buy-Up		
EE Only	\$ 15.45	\$ 51.10	\$ 66.05	\$ 80.40	\$ 91.87	\$ 326.71	\$ 722.04
EE / Children	\$ 62.68	\$ 104.11	\$ 119.07	\$ 134.37	\$ 148.98	\$ 498.55	\$ 1,101.79
EE / Spouse	\$ 101.23	\$ 146.10	\$ 161.06	\$ 176.01	\$ 190.97	\$ 686.16	\$ 1,516.41
Family	\$ 116.77	\$ 161.63	\$ 176.59	\$ 191.54	\$ 216.47	\$ 879.13	\$ 1,942.87
<i>*Spousal Surcharge is an additional \$50.00 per pay period, if applicable</i>							
<i>**Health Risk Assessment Surcharge is an additional \$20.00 per pay period if HRA is not completed within 30 days of benefit start date.</i>							

2020 Standard Medical Plan (Non-Tobacco Rates)							
Employee Contributions per 26 pay periods							Monthly Cobra
0.75-1.0 FT	0.7 FTE	0.6 FTE	0.5 FTE	0.4 FTE	Buy-Up		
EE Only	\$ 75.34	\$ 95.69	\$ 123.70	\$ 150.56	\$ 164.86	\$ 581.26	\$ 1,284.59
EE / Children	\$ 125.36	\$ 194.98	\$ 222.99	\$ 251.00	\$ 255.02	\$ 1,332.27	\$ 2,944.33
EE / Spouse	\$ 202.48	\$ 273.62	\$ 301.62	\$ 314.65	\$ 319.93	\$ 859.45	\$ 1,899.39
Family	\$ 233.53	\$ 302.70	\$ 330.70	\$ 358.71	\$ 405.39	\$ 1,806.50	\$ 3,992.36
<i>*Spousal Surcharge is an additional \$50.00 per pay period, if applicable</i>							
<i>**Health Risk Assessment Surcharge is an additional \$20.00 per pay period if HRA is not completed within 30 days of benefit start date.</i>							

2020 NHRMC Medical Plan (Tobacco Rates)							
Employee Contribution per 26 pay periods							Monthly Cobra
0.75-1.0 FT	0.7 FTE	0.6 FTE	0.5 FTE	0.4 FTE	Buy-Up		
EE Only	\$ 46.35	\$ 71.54	\$ 92.48	\$ 112.56	\$ 116.97	\$ 326.71	\$ 722.04
EE / Children	\$ 87.75	\$ 145.76	\$ 166.69	\$ 175.31	\$ 175.31	\$ 498.55	\$ 1,101.79
EE / Spouse	\$ 141.73	\$ 204.54	\$ 225.48	\$ 246.42	\$ 246.73	\$ 686.16	\$ 1,516.41
Family	\$ 163.47	\$ 226.29	\$ 247.23	\$ 268.16	\$ 303.06	\$ 879.13	\$ 1,942.87
<i>*Spousal Surcharge is an additional \$50.00 per pay period, if applicable</i>							
<i>**Health Risk Assessment Surcharge is an additional \$20.00 per pay period if HRA is not completed within 30 days of benefit start date.</i>							

2020 Standard Medical Plan (Tobacco Rates)							
Employee Contributions per 26 pay periods							Monthly Cobra
0.75-1.0 FT	0.7 FTE	0.6 FTE	0.5 FTE	0.4 FTE	Buy-Up		
EE Only	\$ 105.48	\$ 119.62	\$ 154.63	\$ 162.61	\$ 178.05	\$ 581.26	\$ 1,284.59
EE / Children	\$ 175.50	\$ 243.73	\$ 260.95	\$ 260.95	\$ 260.95	\$ 1,332.27	\$ 2,944.33
EE / Spouse	\$ 283.47	\$ 300.98	\$ 325.43	\$ 325.43	\$ 325.43	\$ 859.45	\$ 1,899.39
Family	\$ 326.95	\$ 378.37	\$ 413.38	\$ 421.44	\$ 421.44	\$ 1,806.50	\$ 3,992.36
<i>*Spousal Surcharge is an additional \$50.00 per pay period, if applicable</i>							
<i>**Health Risk Assessment Surcharge is an additional \$20.00 per pay period if HRA is not completed within 30 days of benefit start date.</i>							

Medical Full-Time Equivalent (FTE) Key	
0.75-1.0 FTE	30 - 40 Hours Worked per Week
0.7 FTE	28 Hours Worked per Week
0.6 FTE	24 Hours Worked per Week
0.5 FTE	20 Hours Worked per Week
0.4 FTE	16 Hours Worked per Week

The Individual Mandate Under PPACA Healthcare Law

All employees will receive a Form 1095-C each year for tax filing purposes. You must have health coverage or you will owe a tax penalty. You must either elect group medical coverage or waive out of benefits through Lawson Employee Self-Service.

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