

RATES EFFECTIVE JANUARY 1, 2018

MOYLAN'S INSURANCE UNDERWRITERS, INC.

NETCARE LIFE AND HEALTH INSURANCE COMPANY

Research Corporation of the University of Guam employees chose either the Advantage POS Plan or the SmartChoice HSA 1500 Plan.

RCUOG (i.e. Grant) covers 70% of the annual premium. Employees who participate in a medical coverage plan are automatically included in the Vision Rider plan. The Dental Plan is optional.

Plan premiums are show below:

CLASS	ADVANTAGE POS PLAN Per Month	ADVANTAGE Annual Premium	SMARTCHOICE HSA 1500 Per month	SMARTCHOICE Annual Premium
SINGLE	\$187.45	\$2249.40	\$103.41	\$1240.92
COUPLE	\$374.60	\$4495.20	\$208.35	\$2500.20
FAMILY	\$602.83	\$7233.96	\$336.32	\$4035.84

Dental and Vision Rider plan costs per month:

CLASS	SMILE PLAN \$1000 Max Per Month	SMILE PLAN \$1000 Annual Premium	VISION RIDER Per Month	VISON RIDER Annual Premium
SINGLE	\$39.00	\$468	\$7.00	\$84
COUPLE	\$74.00	\$888	\$14.00	\$168
FAMILY	\$99.00	\$1188	\$19.00	\$228

MAXIMUM EMPLOYER SHARE OF FAMILY PLAN HEALTHCARE COSTS FOR GRANT BUDGETING PURPOSES

The maximum amount a PI may have to budget for healthcare benefits for an employee is calculated on the more expensive Advantage plan at the family rate:

CLASS	PLAN	TOTAL ANNUAL PREMIUM
FAMILY	ADVANTAGE POS PLAN	\$602.83 x 12 = \$7233.96
FAMILY	SMILE DENTAL	\$99 x 12 = \$1188
FAMILY	VISION RIDER	\$19 x 12 = \$228
TOTAL		\$8649.96

TOTAL ANNUAL PREMIUM FAMILY PLAN	EMPLOYER SHARE	EMPLOYEE SHARE
\$8649.96	\$6054.97	\$2594.98

EMPLOYER SHARE IS 70% of the annual premium. Employee share is 30% of the annual premium.

BREAKDOWN OF HEALTHCARE COSTS FOR SINGLE PLAN

CLASS	PLAN	TOTAL	Employer Share	Employee Share
SINGLE	SMARTCHOICE HSA 1500	\$1240.92	\$868.64	\$372.27
SINGLE	ADVANTAGE POS PLAN	\$2249.40	\$1574.58	\$674.82
SINGLE	VISION RIDER	\$84	\$58.80	\$25.20
SINGLE	SMILE DENTAL	\$468	\$327.60	\$140.40

EMPLOYER SHARE IS 70% of the annual premium. Employee share is 30% of the annual premium.

BREAKDOWN OF HEALTHCARE COSTS FOR COUPLE PLAN

CLASS	PLAN	TOTAL	Employer Share	Employee Share
COUPLE	SMARTCHOICE HSA 1500	\$2500.20	\$1750.14	\$750.06
COUPLE	ADVANTAGE POS PLAN	\$4495.20	\$3146.64	\$1348.56
COUPLE	VISION RIDER	\$168	\$117.60	\$50.40
COUPLE	SMILE DENTAL	\$888	\$621.60	\$266.40

EMPLOYER SHARE IS 70% of the annual premium. Employee share is 30% of the annual premium.

BREAKDOWN OF HEALTHCARE COSTS FOR EMPLOYEE SHARE PER PAY PERIOD

CLASS	PLAN	TOTAL	Employee Share	Per Pay Period
SINGLE	SMARTCHOICE HSA 1500	\$1240.92	\$372.27	\$14.31 per PP
SINGLE	ADVANTAGE POS PLAN	\$2249.40	\$674.82	\$25.95 per PP
SINGLE	VISION RIDER	\$84	\$25.20	.97 per PP
SINGLE	SMILE DENTAL	\$468	\$140.40	\$5.40 per PP
COUPLE	SMARTCHOICE HSA 1500	\$2500.20	\$750.06	\$28.84 per PP
COUPLE	ADVANTAGE POS PLAN	\$4495.20	\$1348.56	\$51.86 per PP
COUPLE	VISION RIDER	\$168	\$50.40	\$1.93 per PP
COUPLE	SMILE DENTAL	\$888	\$266.40	\$10.24 per PP
FAMILY	SMARTCHOICE HSA 1500	\$4035.85	\$1210.75	\$46.56 per PP
FAMILY	ADVANTAGE POS PLAN	\$7233.96	\$2170.18	\$83.46 per PP
FAMILY	VISION RIDER	\$228	\$68.40	\$2.63 per PP
FAMILY	SMILE DENTAL	\$1188	\$356.40	\$13.70 per PP

Other information

- RCUOG employees have 30 days from the first day of employment to enroll in a NetCare plan.
- Forms and supporting documents must be submitted to NetCare before the 20th of the month prior to the effective date of coverage. Coverage becomes effective the first day of the following month.
- The open enrollment period will be held each year during the month of December.