**CIVIL SERVICE COMMISSION**
**EMPLOYEE BENEFITS DIVISION**
**FY 2013-2014 GROUP INSURANCE PREMIUM RATES**
**EFFECTIVE OCTOBER 13, 2013, FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010**
**FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME [1] | | ANNUAL - PART TIME [1] | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PLAN NAME/CODE** | **Option** | **Employee** | **State** | **Total** | **Employee** | **State** | **Total** | **Employee** | **State** | **Employee** | **State** | **Leave/LO** | **COBRA** |
| **[HAEX] New State Health Plan PPO** | Employee Only | $ 52.55 | $ 210.18 | $ 262.73 | $ 1,366.18 | $ 5,464.71 | $ 6,830.89 | $ 131.36 | $ 131.36 | $ 3,415.44 | $ 3,415.45 | $ 6,830.89 | $ 6,967.51 |
| | Employee & Spouse | $ 105.10 | $ 420.38 | $ 525.48 | $ 2,732.47 | $ 10,929.86 | $ 13,662.33 | $ 262.74 | $ 262.74 | $ 6,831.17 | $ 6,831.17 | $ 13,662.33 | $ 13,935.58 |
| | Employee & Child (ren) | $ 92.48 | $ 369.93 | $ 462.41 | $ 2,404.56 | $ 9,618.24 | $ 12,022.80 | $ 231.21 | $ 231.21 | $ 6,011.40 | $ 6,011.40 | $ 12,022.80 | $ 12,263.26 |
| | Full Family | $ 145.03 | $ 580.12 | $ 725.15 | $ 3,770.79 | $ 15,083.17 | $ 18,853.96 | $ 362.58 | $ 362.58 | $ 9,426.98 | $ 9,426.99 | $ 18,853.96 | $ 19,231.04 |
| **Employee or Spouse with Medicare** | Employee Only | $ - | $ 210.18 | $ 210.18 | $ - | $ 5,464.71 | $ 5,464.71 | $ - | $ - | $ - | $ - | $ 5,464.71 | $ 5,574.00 |
| (State Pays 100%) | Employee & Spouse | $ - | $ 420.38 | $ 420.38 | $ - | $ 10,929.86 | $ 10,929.86 | $ - | $ - | $ - | $ - | $ 10,929.86 | $ 11,148.46 |
| | Employee & Child (ren) | $ - | $ 369.93 | $ 369.93 | $ - | $ 9,618.24 | $ 9,618.24 | $ - | $ - | $ - | $ - | $ 9,618.24 | $ 9,810.60 |
| | Full Family | $ - | $ 580.12 | $ 580.12 | $ - | $ 15,083.17 | $ 15,083.17 | $ - | $ - | $ - | $ - | $ 15,083.17 | $ 15,384.83 |
| **[H2F0] Catastrophic Health Plan [2]** | Employee Only | $ - | $ 15.81 | $ 15.81 | $ - | $ 411.06 | $ 411.06 | $ 7.91 | $ 7.91 | $ 205.66 | $ 205.66 | $ 411.06 | $ 419.28 |
| | Employee & Spouse | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ 15.81 | $ 15.81 | $ 411.06 | $ 411.06 | $ 822.12 | $ 838.56 |
| | Employee & Child (ren) | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ 15.81 | $ 15.81 | $ 411.06 | $ 411.06 | $ 822.12 | $ 838.56 |
| | Full Family | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ 15.81 | $ 15.81 | $ 411.06 | $ 411.06 | $ 822.12 | $ 838.56 |
| **[H3ZN] Decline Health Ins.** | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **[H4ZN] "Opt Out" Health [3]** | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **[VBW0] State Vision Plan** | Employee Only | $ - | $ 2.80 | $ 2.80 | $ - | $ 72.91 | $ 72.91 | $ 1.40 | $ 1.40 | $ 36.45 | $ 36.46 | $ 72.91 | $ 74.37 |
| | Employee & Spouse | $ - | $ 4.93 | $ 4.93 | $ - | $ 128.09 | $ 128.09 | $ 2.46 | $ 2.46 | $ 64.04 | $ 64.05 | $ 128.09 | $ 130.65 |
| | Employee & Child (ren) | $ - | $ 6.02 | $ 6.02 | $ - | $ 156.46 | $ 156.46 | $ 3.01 | $ 3.01 | $ 78.23 | $ 78.23 | $ 156.46 | $ 159.59 |
| | Full Family | $ - | $ 8.16 | $ 8.16 | $ - | $ 212.03 | $ 212.03 | $ 4.08 | $ 4.08 | $ 106.01 | $ 106.02 | $ 212.03 | $ 216.27 |
| **[V3ZN] Decline Vision Ins.** | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **[DBEX] State Dental Plan** | Employee Only | $ 1.08 | $ 20.48 | $ 21.56 | $ 28.03 | $ 532.51 | $ 560.54 | $ 10.78 | $ 10.78 | $ 280.27 | $ 280.27 | $ 560.54 | $ 571.75 |
| | Employee & Spouse | $ 1.97 | $ 37.38 | $ 39.35 | $ 51.15 | $ 971.90 | $ 1,023.05 | $ 19.67 | $ 19.67 | $ 511.52 | $ 511.53 | $ 1,023.05 | $ 1,043.51 |
| | Employee & Child (ren) | $ 2.40 | $ 45.52 | $ 47.92 | $ 62.30 | $ 1,183.61 | $ 1,245.91 | $ 23.96 | $ 23.96 | $ 622.95 | $ 622.96 | $ 1,245.91 | $ 1,270.83 |
| | Full Family | $ 3.28 | $ 62.36 | $ 65.64 | $ 85.33 | $ 1,621.27 | $ 1,706.60 | $ 32.82 | $ 32.82 | $ 853.30 | $ 853.30 | $ 1,706.60 | $ 1,740.73 |
| **[DP00] Preventive Dental Plan** | Employee Only | $ - | $ 2.99 | $ 2.99 | $ - | $ 77.74 | $ 77.74 | $ 1.50 | $ 1.50 | $ 38.87 | $ 38.87 | $ 77.74 | $ 79.29 |
| | Employee & Spouse | $ - | $ 5.21 | $ 5.21 | $ - | $ 135.46 | $ 135.46 | $ 2.61 | $ 2.61 | $ 67.73 | $ 67.73 | $ 135.46 | $ 138.17 |
| | Employee & Child (ren) | $ - | $ 5.21 | $ 5.21 | $ - | $ 135.46 | $ 135.46 | $ 2.61 | $ 2.61 | $ 67.73 | $ 67.73 | $ 135.46 | $ 138.17 |
| | Full Family | $ - | $ 7.42 | $ 7.42 | $ - | $ 192.92 | $ 192.92 | $ 3.71 | $ 3.71 | $ 96.46 | $ 96.46 | $ 192.92 | $ 196.78 |
| **[DMEX] Midwestern Dental (DMO)** | Employee Only | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ 8.00 | $ 8.00 | $ 207.90 | $ 207.90 | $ 415.80 | $ 424.12 |
| | Employee & Spouse | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ 8.00 | $ 8.00 | $ 207.90 | $ 207.90 | $ 415.80 | $ 424.12 |
| | Employee & Child (ren) | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ 8.00 | $ 8.00 | $ 207.90 | $ 207.90 | $ 415.80 | $ 424.12 |
| | Full Family | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ 8.00 | $ 8.00 | $ 207.90 | $ 207.90 | $ 415.80 | $ 424.12 |
| **[D3ZN] Decline Dental Ins.** | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| **[D4ZN] "Opt Out" Dental [4]** | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented by bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period.
2 Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning the first pay period after effective date of coverage.
3 Employees who opt out of Health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.
4 Employees who opt out of Dental coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

**CIVIL SERVICE COMMISSION**
**EMPLOYEE BENEFITS DIVISION**
**FY 2013-2014 GROUP INSURANCE PREMIUM RATES**
**EFFECTIVE OCTOBER 13, 2013, FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010**
**FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME [1] | | ANNUAL - PART TIME [1] | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PLAN NAME/CODE** | **Option** | **Employee** | **State** | **Total** | **Employee** | **State** | **Total** | **Employee** | **State** | **Employee** | **State** | **Leave/LO** | **COBRA** |
| **[LUS/LUT/LRS] Employee Life Only** | Employee Only | $ - | 21¢/$1,000 | 21¢/$1,000 | $ - | $5.46/$1,000 | $5.46/$1,000 | $ - | $ - | $ - | 21¢/$1,000 | $5.46/$1,000 | $ - |
| **[LUEX/LREX] Employee Life Only (Fire/Crash Rescue Officers--51-01 only) *6** | Employee Only | $ - | 26¢/$1,000 | 26¢/$1,000 | $ - | $6.76/$1,000 | $6.76/$1,000 | $ - | $ - | $ - | 26¢/$1,000 | $6.76/$1,000 | $ - |
| **[DL01] Dependent Life Options** | | | | (plus) | | | (plus) | | | | | | |
| | Sp $ 1,500 &/or Ch $ 1,000 | $ 0.20 | $ - | $ 0.20 | $ 5.20 | $ - | $ 5.20 | $ 0.20 | $ - | $ 5.20 | $ - | $ 5.20 | $ - |
| | Sp $ 5,000 &/or Ch $ 2,500 | $ 0.60 | $ - | $ 0.60 | $ 15.60 | $ - | $ 15.60 | $ 0.60 | $ - | $ 15.60 | $ - | $ 15.60 | $ - |
| | Sp $10,000 &/or Ch $ 5,000 | $ 1.20 | $ - | $ 1.20 | $ 31.20 | $ - | $ 31.20 | $ 1.20 | $ - | $ 31.20 | $ - | $ 31.20 | $ - |
| | Sp $25,000 &/or Ch $10,000 | $ 4.00 | $ - | $ 4.00 | $ 104.00 | $ - | $ 104.00 | $ 4.00 | $ - | $ 104.00 | $ - | $ 104.00 | $ - |
| | Child(ren) Only $10,000 | $ 0.75 | $ - | $ 0.75 | $ 19.50 | $ - | $ 19.50 | $ 0.75 | $ - | $ 19.50 | $ - | $ 19.50 | $ - |
| **[HCEX] New BCN Mid-Michigan** | Employee Only | $ 48.28 | $ 210.18 | $ 258.46 | $ 1,255.29 | $ 5,464.71 | $ 6,720.00 | $ 129.23 | $ 129.23 | $ 3,360.00 | $ 3,360.00 | $ 6,720.00 | $ 6,854.40 |
| | Employee & Spouse | $ 96.54 | $ 420.38 | $ 516.92 | $ 2,510.02 | $ 10,929.86 | $ 13,439.88 | $ 258.46 | $ 258.46 | $ 6,719.94 | $ 6,719.94 | $ 13,439.88 | $ 13,708.68 |
| | Employee & Child (ren) | $ 84.96 | $ 369.93 | $ 454.89 | $ 2,208.84 | $ 9,618.24 | $ 11,827.08 | $ 227.44 | $ 227.44 | $ 5,913.54 | $ 5,913.54 | $ 11,827.08 | $ 12,063.62 |
| | Full Family | $ 133.23 | $ 580.12 | $ 713.35 | $ 3,463.91 | $ 15,083.17 | $ 18,547.08 | $ 356.67 | $ 356.67 | $ 9,273.54 | $ 9,273.54 | $ 18,547.08 | $ 18,918.02 |
| **[HD00] New BCN East Michigan** | Employee Only | $ 41.76 | $ 210.18 | $ 251.94 | $ 1,085.85 | $ 5,464.71 | $ 6,550.56 | $ 125.97 | $ 125.97 | $ 3,275.28 | $ 3,275.28 | $ 6,550.56 | $ 6,681.57 |
| | Employee & Spouse | $ 83.51 | $ 420.38 | $ 503.89 | $ 2,171.38 | $ 10,929.86 | $ 13,101.24 | $ 251.95 | $ 251.95 | $ 6,550.62 | $ 6,550.62 | $ 13,101.24 | $ 13,363.26 |
| | Employee & Child (ren) | $ 73.49 | $ 369.93 | $ 443.42 | $ 1,910.76 | $ 9,618.24 | $ 11,529.00 | $ 221.71 | $ 221.71 | $ 5,764.50 | $ 5,764.50 | $ 11,529.00 | $ 11,759.58 |
| | Full Family | $ 115.25 | $ 580.12 | $ 695.37 | $ 2,996.39 | $ 15,083.17 | $ 18,079.56 | $ 347.68 | $ 347.68 | $ 9,039.78 | $ 9,039.78 | $ 18,079.56 | $ 18,441.15 |
| **[HP00] New BCN Great Lakes West** | Employee Only | $ 50.69 | $ 210.18 | $ 260.87 | $ 1,317.81 | $ 5,464.71 | $ 6,782.52 | $ 130.43 | $ 130.43 | $ 3,391.26 | $ 3,391.26 | $ 6,782.52 | $ 6,918.17 |
| | Employee & Spouse | $ 101.35 | $ 420.38 | $ 521.73 | $ 2,635.18 | $ 10,929.86 | $ 13,565.04 | $ 260.87 | $ 260.87 | $ 6,782.52 | $ 6,782.52 | $ 13,565.04 | $ 13,836.34 |
| | Employee & Child (ren) | $ 89.20 | $ 369.93 | $ 459.13 | $ 2,319.12 | $ 9,618.24 | $ 11,937.36 | $ 229.56 | $ 229.56 | $ 5,968.68 | $ 5,968.68 | $ 11,937.36 | $ 12,176.11 |
| | Full Family | $ 139.87 | $ 580.12 | $ 719.99 | $ 3,636.71 | $ 15,083.17 | $ 18,719.88 | $ 360.00 | $ 360.00 | $ 9,359.94 | $ 9,359.94 | $ 18,719.88 | $ 19,094.28 |
| **[HX00] New BCN SE Michigan** | Employee Only | $ 45.66 | $ 210.18 | $ 255.84 | $ 1,187.13 | $ 5,464.71 | $ 6,651.84 | $ 127.92 | $ 127.92 | $ 3,325.92 | $ 3,325.92 | $ 6,651.84 | $ 6,784.88 |
| | Employee & Spouse | $ 91.30 | $ 420.38 | $ 511.68 | $ 2,373.70 | $ 10,929.86 | $ 13,303.56 | $ 255.84 | $ 255.84 | $ 6,651.78 | $ 6,651.78 | $ 13,303.56 | $ 13,569.63 |
| | Employee & Child (ren) | $ 80.34 | $ 369.93 | $ 450.27 | $ 2,088.84 | $ 9,618.24 | $ 11,707.08 | $ 225.14 | $ 225.14 | $ 5,853.54 | $ 5,853.54 | $ 11,707.08 | $ 11,941.22 |
| | Full Family | $ 125.99 | $ 580.12 | $ 706.11 | $ 3,275.75 | $ 15,083.17 | $ 18,358.92 | $ 353.06 | $ 353.06 | $ 9,179.46 | $ 9,179.46 | $ 18,358.92 | $ 18,726.10 |
| **[HN00] New Grand Valley Health** | Employee Only | $ 25.86 | $ 146.56 | $ 172.42 | $ 672.44 | $ 3,810.52 | $ 4,482.96 | $ 86.21 | $ 86.21 | $ 2,241.48 | $ 2,241.48 | $ 4,482.96 | $ 4,572.62 |
| | Employee & Spouse | $ 51.73 | $ 293.11 | $ 344.84 | $ 1,344.87 | $ 7,620.93 | $ 8,965.80 | $ 172.42 | $ 172.42 | $ 4,482.90 | $ 4,482.90 | $ 8,965.80 | $ 9,145.12 |
| | Employee & Child (ren) | $ 45.52 | $ 257.94 | $ 303.46 | $ 1,183.48 | $ 6,706.40 | $ 7,889.88 | $ 151.73 | $ 151.73 | $ 3,944.94 | $ 3,944.94 | $ 7,889.88 | $ 8,047.68 |
| | Full Family | $ 71.38 | $ 404.50 | $ 475.88 | $ 1,855.93 | $ 10,516.91 | $ 12,372.84 | $ 237.94 | $ 237.94 | $ 6,186.42 | $ 6,186.42 | $ 12,372.84 | $ 12,620.30 |
| **[HI00] New Health Alliance Plan** | Employee Only | $ 34.40 | $ 194.91 | $ 229.31 | $ 894.31 | $ 5,067.77 | $ 5,962.08 | $ 114.66 | $ 114.66 | $ 2,981.04 | $ 2,981.04 | $ 5,962.08 | $ 6,081.32 |
| | Employee & Spouse | $ 69.09 | $ 391.50 | $ 460.59 | $ 1,796.31 | $ 10,179.09 | $ 11,975.40 | $ 230.30 | $ 230.30 | $ 5,987.70 | $ 5,987.70 | $ 11,975.40 | $ 12,214.91 |
| | Employee & Child (ren) | $ 60.76 | $ 344.32 | $ 405.08 | $ 1,579.84 | $ 8,952.44 | $ 10,532.28 | $ 202.54 | $ 202.54 | $ 5,266.14 | $ 5,266.14 | $ 10,532.28 | $ 10,742.93 |
| | Full Family | $ 95.46 | $ 540.92 | $ 636.38 | $ 2,481.86 | $ 14,063.86 | $ 16,545.72 | $ 318.19 | $ 318.19 | $ 8,272.86 | $ 8,272.86 | $ 16,545.72 | $ 16,876.63 |

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4 Employees who opt out of Dental coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

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**FOR BARGAINING UNITS: MSEA (A02, A31), MCO (C12), AFSCME (U11), NON-REPRESENTED (Z60 - Z89) and JUDICIAL BRANCH**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - PART TIME [1] | | ANNUAL - PART TIME [1] | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLAN NAME/CODE | Option | Employee | State | Total | Employee | State | Total | Employee | State | Employee | State | Leave/LO | COBRA |
| [HJ00] HealthPlus of Michigan | Employee Only | $ 36.04 | $ 204.21 | $ 240.25 | $ 936.97 | $ 5,309.51 | $ 6,246.48 | $ 120.12 | $ 120.12 | $ 3,123.24 | $ 3,123.24 | $ 6,246.48 | $ 6,371.41 |
| | Employee & Spouse | $ 72.07 | $ 408.42 | $ 480.49 | $ 1,873.94 | $ 10,619.02 | $ 12,492.96 | $ 240.25 | $ 240.25 | $ 6,246.48 | $ 6,246.48 | $ 12,492.96 | $ 12,742.82 |
| | Employee & Child (ren) | $ 63.43 | $ 359.41 | $ 422.84 | $ 1,649.07 | $ 9,344.73 | $ 10,993.80 | $ 211.42 | $ 211.42 | $ 5,496.90 | $ 5,496.90 | $ 10,993.80 | $ 11,213.68 |
| | Full Family | $ 99.46 | $ 563.62 | $ 663.08 | $ 2,586.04 | $ 14,654.24 | $ 17,240.28 | $ 331.54 | $ 331.54 | $ 8,620.14 | $ 8,620.14 | $ 17,240.28 | $ 17,585.09 |
| [HMCL] New McLaren Health Plan | Employee Only | $ 30.79 | $ 174.50 | $ 205.29 | $ 800.64 | $ 4,536.96 | $ 5,337.60 | $ 102.65 | $ 102.65 | $ 2,668.80 | $ 2,668.80 | $ 5,337.60 | $ 5,444.35 |
| | Employee & Spouse | $ 61.59 | $ 349.00 | $ 410.59 | $ 1,601.28 | $ 9,073.92 | $ 10,675.20 | $ 205.29 | $ 205.29 | $ 5,337.60 | $ 5,337.60 | $ 10,675.20 | $ 10,888.70 |
| | Employee & Child (ren) | $ 54.20 | $ 307.12 | $ 361.32 | $ 1,409.13 | $ 7,985.07 | $ 9,394.20 | $ 180.66 | $ 180.66 | $ 4,697.10 | $ 4,697.10 | $ 9,394.20 | $ 9,582.08 |
| | Full Family | $ 84.99 | $ 481.62 | $ 566.61 | $ 2,209.77 | $ 12,522.03 | $ 14,731.80 | $ 283.30 | $ 283.30 | $ 7,365.90 | $ 7,365.90 | $ 14,731.80 | $ 15,026.44 |
| [HMEX] New Physicians Health Plan | Employee Only | $ 29.46 | $ 166.93 | $ 196.39 | $ 765.91 | $ 4,340.16 | $ 5,106.07 | $ 98.19 | $ 98.19 | $ 2,553.04 | $ 2,553.04 | $ 5,106.07 | $ 5,208.19 |
| | Employee & Spouse | $ 58.92 | $ 333.86 | $ 392.78 | $ 1,531.82 | $ 8,680.32 | $ 10,212.14 | $ 196.39 | $ 196.39 | $ 5,106.07 | $ 5,106.07 | $ 10,212.14 | $ 10,416.38 |
| | Employee & Child (ren) | $ 51.85 | $ 293.79 | $ 345.64 | $ 1,347.99 | $ 7,638.64 | $ 8,986.63 | $ 172.82 | $ 172.82 | $ 4,493.32 | $ 4,493.32 | $ 8,986.63 | $ 9,166.36 |
| | Full Family | $ 81.30 | $ 460.72 | $ 542.02 | $ 2,113.91 | $ 11,978.80 | $ 14,092.70 | $ 271.01 | $ 271.01 | $ 7,046.35 | $ 7,046.35 | $ 14,092.70 | $ 14,374.55 |
| [HF00] New Priority Health Plan - West | Employee Only | $ 36.79 | $ 208.47 | $ 245.26 | $ 956.52 | $ 5,420.28 | $ 6,376.80 | $ 122.63 | $ 122.63 | $ 3,188.40 | $ 3,188.40 | $ 6,376.80 | $ 6,504.34 |
| | Employee & Spouse | $ 73.58 | $ 416.94 | $ 490.52 | $ 1,913.04 | $ 10,840.56 | $ 12,753.60 | $ 245.26 | $ 245.26 | $ 6,376.80 | $ 6,376.80 | $ 12,753.60 | $ 13,008.67 |
| | Employee & Child (ren) | $ 64.75 | $ 366.91 | $ 431.66 | $ 1,683.48 | $ 9,539.69 | $ 11,223.17 | $ 215.83 | $ 215.83 | $ 5,611.59 | $ 5,611.59 | $ 11,223.17 | $ 11,447.63 |
| | Full Family | $ 101.54 | $ 575.38 | $ 676.92 | $ 2,640.00 | $ 14,959.97 | $ 17,599.97 | $ 338.46 | $ 338.46 | $ 8,799.99 | $ 8,799.99 | $ 17,599.97 | $ 17,951.97 |
| [HF01] New Priority Health Plan - East | Employee Only | $ 36.79 | $ 208.47 | $ 245.26 | $ 956.52 | $ 5,420.28 | $ 6,376.80 | $ 122.63 | $ 122.63 | $ 3,188.40 | $ 3,188.40 | $ 6,376.80 | $ 6,504.34 |
| | Employee & Spouse | $ 73.58 | $ 416.94 | $ 490.52 | $ 1,913.04 | $ 10,840.56 | $ 12,753.60 | $ 245.26 | $ 245.26 | $ 6,376.80 | $ 6,376.80 | $ 12,753.60 | $ 13,008.67 |
| | Employee & Child (ren) | $ 64.75 | $ 366.91 | $ 431.66 | $ 1,683.48 | $ 9,539.69 | $ 11,223.17 | $ 215.83 | $ 215.83 | $ 5,611.59 | $ 5,611.59 | $ 11,223.17 | $ 11,447.63 |
| | Full Family | $ 101.54 | $ 575.38 | $ 676.92 | $ 2,640.00 | $ 14,959.97 | $ 17,599.97 | $ 338.46 | $ 338.46 | $ 8,799.99 | $ 8,799.99 | $ 17,599.97 | $ 17,951.97 |
| [HF02] New Priority Health Plan - South | Employee Only | $ 36.79 | $ 208.47 | $ 245.26 | $ 956.52 | $ 5,420.28 | $ 6,376.80 | $ 122.63 | $ 122.63 | $ 3,188.40 | $ 3,188.40 | $ 6,376.80 | $ 6,504.34 |
| | Employee & Spouse | $ 73.58 | $ 416.94 | $ 490.52 | $ 1,913.04 | $ 10,840.56 | $ 12,753.60 | $ 245.26 | $ 245.26 | $ 6,376.80 | $ 6,376.80 | $ 12,753.60 | $ 13,008.67 |
| | Employee & Child (ren) | $ 64.75 | $ 366.91 | $ 431.66 | $ 1,683.48 | $ 9,539.69 | $ 11,223.17 | $ 215.83 | $ 215.83 | $ 5,611.59 | $ 5,611.59 | $ 11,223.17 | $ 11,447.63 |
| | Full Family | $ 101.54 | $ 575.38 | $ 676.92 | $ 2,640.00 | $ 14,959.97 | $ 17,599.97 | $ 338.46 | $ 338.46 | $ 8,799.99 | $ 8,799.99 | $ 17,599.97 | $ 17,951.97 |
| [HL00] New Total Health Care | Employee Only | $ 28.39 | $ 160.86 | $ 189.25 | $ 738.07 | $ 4,182.41 | $ 4,920.48 | $ 94.62 | $ 94.62 | $ 2,460.24 | $ 2,460.24 | $ 4,920.48 | $ 5,018.89 |
| | Employee & Spouse | $ 65.29 | $ 369.99 | $ 435.28 | $ 1,697.58 | $ 9,619.62 | $ 11,317.20 | $ 217.64 | $ 217.64 | $ 5,658.60 | $ 5,658.60 | $ 11,317.20 | $ 11,543.54 |
| | Employee & Child (ren) | $ 53.94 | $ 305.64 | $ 359.58 | $ 1,402.36 | $ 7,946.72 | $ 9,349.08 | $ 179.79 | $ 179.79 | $ 4,674.54 | $ 4,674.54 | $ 9,349.08 | $ 9,536.06 |
| | Full Family | $ 76.65 | $ 434.33 | $ 510.98 | $ 1,992.82 | $ 11,292.62 | $ 13,285.44 | $ 255.49 | $ 255.49 | $ 6,642.72 | $ 6,642.72 | $ 13,285.44 | $ 13,551.15 |

1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented by bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period.
2 Employees in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning the first pay period after effective date of coverage.
3 Employees who opt out of Health coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.
4 Employees who opt out of Dental coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.