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 NERE and BARGAINING UNITS: UAW (W22, W41) & SEIU 517M (E42, H21, L32)

		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	$ 52.81	$ 211.23	$ 264.04	$ 1,373.01	$ 5,492.04	$ 6,865.05	$ 132.02	$ 132.02	$ 3,432.52	$ 3,432.53	$ 6,865.05	$ 7,002.35
	Employee & Spouse	$ 105.62	$ 422.48	$ 528.10	$ 2,746.13	$ 10,984.52	$ 13,730.65	$ 264.05	$ 264.05	$ 6,865.32	$ 6,865.33	$ 13,730.65	$ 14,005.26
	Employee & Child (ren)	$ 92.95	$ 371.78	$ 464.73	$ 2,416.58	$ 9,666.33	$ 12,082.91	$ 232.36	$ 232.36	$ 6,041.45	$ 6,041.46	$ 12,082.91	$ 12,324.57
	Full Family	$ 145.76	$ 583.02	$ 728.78	$ 3,789.65	$ 15,158.58	$ 18,948.23	$ 364.39	$ 364.39	$ 9,474.11	$ 9,474.12	$ 18,948.23	$ 19,327.19
Employee or Spouse with Medicare	Employee Only	$ -	$ 211.23	$ 211.23	$ -	$ 5,492.04	$ 5,492.04	$ -	$ -	$ -	$ -	$ 5,492.04	$ 5,601.88
(State Pays 100%)	Employee & Spouse	$ -	$ 422.48	$ 422.48	$ -	$ 10,984.52	$ 10,984.52	$ -	$ -	$ -	$ -	$ 10,984.52	$ 11,204.21
	Employee & Child (ren)	$ -	$ 371.78	$ 371.78	$ -	$ 9,666.33	$ 9,666.33	$ -	$ -	$ -	$ -	$ 9,666.33	$ 9,859.66
	Full Family	$ -	$ 583.02	$ 583.02	$ -	$ 15,158.58	$ 15,158.58	$ -	$ -	$ -	$ -	$ 15,158.58	$ 15,461.75
[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 Insurance	(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 Insurance	(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 Insurance	(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 NERE and BARGAINING UNITS: UAW (W22, W41) & SEIU 517M (E42, H21, L32)

		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	$ 48.29	$ 211.23	$ 259.52	$ 1,255.56	$ 5,492.04	$ 6,747.60	$ 129.76	$ 129.76	$ 3,373.80	$ 3,373.80	$ 6,747.60	$ 6,882.55
	Employee & Spouse	$ 96.56	$ 422.48	$ 519.04	$ 2,510.56	$ 10,984.52	$ 13,495.08	$ 259.52	$ 259.52	$ 6,747.54	$ 6,747.54	$ 13,495.08	$ 13,764.98
	Employee & Child (ren)	$ 84.98	$ 371.78	$ 456.76	$ 2,209.35	$ 9,666.33	$ 11,875.68	$ 228.38	$ 228.38	$ 5,937.84	$ 5,937.84	$ 11,875.68	$ 12,113.19
	Full Family	$ 133.26	$ 583.02	$ 716.28	$ 3,464.70	$ 15,158.58	$ 18,623.28	$ 358.14	$ 358.14	$ 9,311.64	$ 9,311.64	$ 18,623.28	$ 18,995.75
[HD00] New BCN East Michigan	Employee Only	$ 41.73	$ 211.23	$ 252.96	$ 1,084.92	$ 5,492.04	$ 6,576.96	$ 126.48	$ 126.48	$ 3,288.48	$ 3,288.48	$ 6,576.96	$ 6,708.50
	Employee & Spouse	$ 83.44	$ 422.48	$ 505.92	$ 2,169.40	$ 10,984.52	$ 13,153.92	$ 252.96	$ 252.96	$ 6,576.96	$ 6,576.96	$ 13,153.92	$ 13,417.00
	Employee & Child (ren)	$ 73.43	$ 371.78	$ 445.21	$ 1,909.23	$ 9,666.33	$ 11,575.56	$ 222.61	$ 222.61	$ 5,787.78	$ 5,787.78	$ 11,575.56	$ 11,807.07
	Full Family	$ 115.15	$ 583.02	$ 698.17	$ 2,993.94	$ 15,158.58	$ 18,152.52	$ 349.09	$ 349.09	$ 9,076.26	$ 9,076.26	$ 18,152.52	$ 18,515.57
[HP00] New BCN Great Lakes West	Employee Only	$ 51.04	$ 211.23	$ 262.27	$ 1,327.08	$ 5,492.04	$ 6,819.12	$ 131.14	$ 131.14	$ 3,409.56	$ 3,409.56	$ 6,819.12	$ 6,955.50
	Employee & Spouse	$ 102.07	$ 422.48	$ 524.55	$ 2,653.84	$ 10,984.52	$ 13,638.36	$ 262.28	$ 262.28	$ 6,819.18	$ 6,819.18	$ 13,638.36	$ 13,911.13
	Employee & Child (ren)	$ 89.83	$ 371.78	$ 461.61	$ 2,335.47	$ 9,666.33	$ 12,001.80	$ 230.80	$ 230.80	$ 6,000.90	$ 6,000.90	$ 12,001.80	$ 12,241.84
	Full Family	$ 140.86	$ 583.02	$ 723.88	$ 3,662.34	$ 15,158.58	$ 18,820.92	$ 361.94	$ 361.94	$ 9,410.46	$ 9,410.46	$ 18,820.92	$ 19,197.34
[HX00] New BCN SE Michigan	Employee Only	$ 45.64	$ 211.23	$ 256.87	$ 1,186.56	$ 5,492.04	$ 6,678.60	$ 128.43	$ 128.43	$ 3,339.30	$ 3,339.30	$ 6,678.60	$ 6,812.17
	Employee & Spouse	$ 91.25	$ 422.48	$ 513.73	$ 2,372.56	$ 10,984.52	$ 13,357.08	$ 256.87	$ 256.87	$ 6,678.54	$ 6,678.54	$ 13,357.08	$ 13,624.22
	Employee & Child (ren)	$ 80.31	$ 371.78	$ 452.09	$ 2,088.03	$ 9,666.33	$ 11,754.36	$ 226.05	$ 226.05	$ 5,877.18	$ 5,877.18	$ 11,754.36	$ 11,989.45
	Full Family	$ 125.93	$ 583.02	$ 708.95	$ 3,274.26	$ 15,158.58	$ 18,432.84	$ 354.48	$ 354.48	$ 9,216.42	$ 9,216.42	$ 18,432.84	$ 18,801.50
[HN00] New Grand Valley Health	Employee Only	$ 26.28	$ 148.92	$ 175.20	$ 683.30	$ 3,872.02	$ 4,555.32	$ 87.60	$ 87.60	$ 2,277.66	$ 2,277.66	$ 4,555.32	$ 4,646.43
	Employee & Spouse	$ 52.56	$ 297.85	$ 350.41	$ 1,366.61	$ 7,744.15	$ 9,110.76	$ 175.21	$ 175.21	$ 4,555.38	$ 4,555.38	$ 9,110.76	$ 9,292.98
	Employee & Child (ren)	$ 46.25	$ 262.11	$ 308.36	$ 1,202.62	$ 6,814.82	$ 8,017.44	$ 154.18	$ 154.18	$ 4,008.72	$ 4,008.72	$ 8,017.44	$ 8,177.79
	Full Family	$ 72.54	$ 411.03	$ 483.57	$ 1,885.91	$ 10,686.85	$ 12,572.76	$ 241.78	$ 241.78	$ 6,286.38	$ 6,286.38	$ 12,572.76	$ 12,824.22
[HI00] New Health Alliance Plan	Employee Only	$ 34.56	$ 195.85	$ 230.41	$ 898.60	$ 5,092.04	$ 5,990.64	$ 115.20	$ 115.20	$ 2,995.32	$ 2,995.32	$ 5,990.64	$ 6,110.45
	Employee & Spouse	$ 69.42	$ 393.38	$ 462.80	$ 1,804.93	$ 10,227.95	$ 12,032.88	$ 231.40	$ 231.40	$ 6,016.44	$ 6,016.44	$ 12,032.88	$ 12,273.54
	Employee & Child (ren)	$ 61.05	$ 345.98	$ 407.03	$ 1,587.42	$ 8,995.38	$ 10,582.80	$ 203.52	$ 203.52	$ 5,291.40	$ 5,291.40	$ 10,582.80	$ 10,794.46
	Full Family	$ 95.93	$ 543.59	$ 639.52	$ 2,494.13	$ 14,133.43	$ 16,627.56	$ 319.76	$ 319.76	$ 8,313.78	$ 8,313.78	$ 16,627.56	$ 16,960.11

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.
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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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		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] New HealthPlus of Michigan	Employee Only	$ 36.22	$ 205.24	$ 241.46	$ 941.71	$ 5,336.33	$ 6,278.04	$ 120.73	$ 120.73	$ 3,139.02	$ 3,139.02	$ 6,278.04	$ 6,403.60
	Employee & Spouse	$ 72.44	$ 410.49	$ 482.93	$ 1,883.41	$ 10,672.67	$ 12,556.08	$ 241.46	$ 241.46	$ 6,278.04	$ 6,278.04	$ 12,556.08	$ 12,807.20
	Employee & Child (ren)	$ 63.75	$ 361.23	$ 424.98	$ 1,657.40	$ 9,391.96	$ 11,049.36	$ 212.49	$ 212.49	$ 5,524.68	$ 5,524.68	$ 11,049.36	$ 11,270.35
	Full Family	$ 99.97	$ 566.47	$ 666.44	$ 2,599.11	$ 14,728.29	$ 17,327.40	$ 333.22	$ 333.22	$ 8,663.70	$ 8,663.70	$ 17,327.40	$ 17,673.95
[HMCL] New McLaren Health Plan	Employee Only	$ 31.00	$ 175.68	$ 206.68	$ 806.04	$ 4,567.56	$ 5,373.60	$ 103.34	$ 103.34	$ 2,686.80	$ 2,686.80	$ 5,373.60	$ 5,481.07
	Employee & Spouse	$ 62.00	$ 351.35	$ 413.35	$ 1,612.06	$ 9,135.02	$ 10,747.08	$ 206.67	$ 206.67	$ 5,373.54	$ 5,373.54	$ 10,747.08	$ 10,962.02
	Employee & Child (ren)	$ 54.56	$ 309.19	$ 363.75	$ 1,418.62	$ 8,038.82	$ 9,457.44	$ 181.87	$ 181.87	$ 4,728.72	$ 4,728.72	$ 9,457.44	$ 9,646.59
	Full Family	$ 85.56	$ 484.86	$ 570.42	$ 2,224.66	$ 12,606.38	$ 14,831.04	$ 285.21	$ 285.21	$ 7,415.52	$ 7,415.52	$ 14,831.04	$ 15,127.66
[HMEX] New Physicians Health Plan	Employee Only	$ 29.57	$ 167.58	$ 197.15	$ 768.89	$ 4,357.02	$ 5,125.91	$ 98.58	$ 98.58	$ 2,562.96	$ 2,562.96	$ 5,125.91	$ 5,228.43
	Employee & Spouse	$ 59.15	$ 335.16	$ 394.31	$ 1,537.77	$ 8,714.06	$ 10,251.83	$ 197.15	$ 197.15	$ 5,125.92	$ 5,125.92	$ 10,251.83	$ 10,456.87
	Employee & Child (ren)	$ 52.05	$ 294.94	$ 346.99	$ 1,353.24	$ 7,668.37	$ 9,021.61	$ 173.49	$ 173.49	$ 4,510.81	$ 4,510.81	$ 9,021.61	$ 9,202.04
	Full Family	$ 81.62	$ 462.52	$ 544.14	$ 2,122.13	$ 12,025.40	$ 14,147.53	$ 272.07	$ 272.07	$ 7,073.77	$ 7,073.77	$ 14,147.53	$ 14,430.48
[HF00] New Priority Health Plan - West	Employee Only	$ 37.08	$ 210.12	$ 247.20	$ 964.10	$ 5,463.22	$ 6,427.32	$ 123.60	$ 123.60	$ 3,213.66	$ 3,213.66	$ 6,427.32	$ 6,555.87
	Employee & Spouse	$ 74.16	$ 420.25	$ 494.41	$ 1,928.20	$ 10,926.44	$ 12,854.64	$ 247.20	$ 247.20	$ 6,427.32	$ 6,427.32	$ 12,854.64	$ 13,111.73
	Employee & Child (ren)	$ 65.26	$ 369.82	$ 435.08	$ 1,696.81	$ 9,615.27	$ 11,312.08	$ 217.54	$ 217.54	$ 5,656.04	$ 5,656.04	$ 11,312.08	$ 11,538.32
	Full Family	$ 102.34	$ 579.94	$ 682.28	$ 2,660.91	$ 15,078.49	$ 17,739.40	$ 341.14	$ 341.14	$ 8,869.70	$ 8,869.70	$ 17,739.40	$ 18,094.19
[HF01] New Priority Health Plan - East	Employee Only	$ 37.08	$ 210.12	$ 247.20	$ 964.10	$ 5,463.22	$ 6,427.32	$ 123.60	$ 123.60	$ 3,213.66	$ 3,213.66	$ 6,427.32	$ 6,555.87
	Employee & Spouse	$ 74.16	$ 420.25	$ 494.41	$ 1,928.20	$ 10,926.44	$ 12,854.64	$ 247.20	$ 247.20	$ 6,427.32	$ 6,427.32	$ 12,854.64	$ 13,111.73
	Employee & Child (ren)	$ 65.26	$ 369.82	$ 435.08	$ 1,696.81	$ 9,615.27	$ 11,312.08	$ 217.54	$ 217.54	$ 5,656.04	$ 5,656.04	$ 11,312.08	$ 11,538.32
	Full Family	$ 102.34	$ 579.94	$ 682.28	$ 2,660.91	$ 15,078.49	$ 17,739.40	$ 341.14	$ 341.14	$ 8,869.70	$ 8,869.70	$ 17,739.40	$ 18,094.19
[HF02] New Priority Health Plan - South	Employee Only	$ 37.08	$ 210.12	$ 247.20	$ 964.10	$ 5,463.22	$ 6,427.32	$ 123.60	$ 123.60	$ 3,213.66	$ 3,213.66	$ 6,427.32	$ 6,555.87
	Employee & Spouse	$ 74.16	$ 420.25	$ 494.41	$ 1,928.20	$ 10,926.44	$ 12,854.64	$ 247.20	$ 247.20	$ 6,427.32	$ 6,427.32	$ 12,854.64	$ 13,111.73
	Employee & Child (ren)	$ 65.26	$ 369.82	$ 435.08	$ 1,696.81	$ 9,615.27	$ 11,312.08	$ 217.54	$ 217.54	$ 5,656.04	$ 5,656.04	$ 11,312.08	$ 11,538.32
	Full Family	$ 102.34	$ 579.94	$ 682.28	$ 2,660.91	$ 15,078.49	$ 17,739.40	$ 341.14	$ 341.14	$ 8,869.70	$ 8,869.70	$ 17,739.40	$ 18,094.19
[HL00] New Total Health Care	Employee Only	$ 28.53	$ 161.67	$ 190.20	$ 741.76	$ 4,203.32	$ 4,945.08	$ 95.10	$ 95.10	$ 2,472.54	$ 2,472.54	$ 4,945.08	$ 5,043.98
	Employee & Spouse	$ 65.62	$ 371.84	$ 437.46	$ 1,706.08	$ 9,667.76	$ 11,373.84	$ 218.73	$ 218.73	$ 5,686.92	$ 5,686.92	$ 11,373.84	$ 11,601.32
	Employee & Child (ren)	$ 54.21	$ 307.17	$ 361.38	$ 1,409.38	$ 7,986.50	$ 9,395.88	$ 180.69	$ 180.69	$ 4,697.94	$ 4,697.94	$ 9,395.88	$ 9,583.80
	Full Family	$ 77.03	$ 436.50	$ 513.53	$ 2,002.77	$ 11,349.03	$ 13,351.80	$ 256.77	$ 256.77	$ 6,675.90	$ 6,675.90	$ 13,351.80	$ 13,618.84

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.