CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2013-2014 GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 13, 2013, FOR EMPLOYEES HIRED PRIOR TO 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] State Health Plan PPO	Employee Only	$ 59.33	$ 237.31	$ 296.64	$ 1,542.53	$ 6,170.12	$ 7,712.65	$ 148.32	$ 148.32	$ 3,856.32	$ 3,856.33	$ 7,712.65	$ 7,866.90
	Employee & Spouse	$ 118.66	$ 474.62	$ 593.28	$ 3,085.03	$ 12,340.12	$ 15,425.15	$ 296.64	$ 296.64	$ 7,712.57	$ 7,712.58	$ 15,425.15	$ 15,733.65
	Employee & Child(ren)	$ 104.42	$ 417.67	$ 522.09	$ 2,714.83	$ 10,859.34	$ 13,574.17	$ 261.04	$ 261.04	$ 6,787.08	$ 6,787.09	$ 13,574.17	$ 13,845.65
	Full Family	$ 163.75	$ 654.98	$ 818.73	$ 4,257.37	$ 17,029.46	$ 21,286.83	$ 409.36	$ 409.36	$ 10,643.41	$ 10,643.42	$ 21,286.83	$ 21,712.57
Employee or Spouse with Medicare	Employee Only	$ -	$ 237.31	$ 237.31	$ -	$ 6,170.12	$ 6,170.12	$ -	$ -	$ -	$ -	$ 6,170.12	$ 6,293.52
(State pays 100%)	Employee & Spouse	$ -	$ 474.62	$ 474.62	$ -	$ 12,340.12	$ 12,340.12	$ -	$ -	$ -	$ -	$ 12,340.12	$ 12,586.92
	Employee & Child(ren)	$ -	$ 417.67	$ 417.67	$ -	$ 10,859.34	$ 10,859.34	$ -	$ -	$ -	$ -	$ 10,859.34	$ 11,076.53
	Full Family	$ -	$ 654.98	$ 654.98	$ -	$ 17,029.46	$ 17,029.46	$ -	$ -	$ -	$ -	$ 17,029.46	$ 17,370.05
[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 PRIOR TO 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**
[LUEX/LAEX/LREX] 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] BCN Mid-Michigan	Employee Only	$ 56.69	$ 237.31	$ 294.00	$ 1,474.00	$ 6,170.12	$ 7,644.12	$ 147.00	$ 147.00	$ 3,822.06	$ 3,822.06	$ 7,644.12	$ 7,797.00
	Employee & Spouse	$ 113.39	$ 474.62	$ 588.01	$ 2,948.12	$ 12,340.12	$ 15,288.24	$ 294.00	$ 294.00	$ 7,644.12	$ 7,644.12	$ 15,288.24	$ 15,594.00
	Employee & Child(ren)	$ 99.78	$ 417.67	$ 517.45	$ 2,594.34	$ 10,859.34	$ 13,453.68	$ 258.72	$ 258.72	$ 6,726.84	$ 6,726.84	$ 13,453.68	$ 13,722.75
	Full Family	$ 156.47	$ 654.98	$ 811.45	$ 4,068.34	$ 17,029.46	$ 21,097.80	$ 405.73	$ 405.73	$ 10,548.90	$ 10,548.90	$ 21,097.80	$ 21,519.76
[HD00] BCN East Michigan	Employee Only	$ 47.25	$ 237.31	$ 284.56	$ 1,228.60	$ 6,170.12	$ 7,398.72	$ 142.28	$ 142.28	$ 3,699.36	$ 3,699.36	$ 7,398.72	$ 7,546.69
	Employee & Spouse	$ 94.51	$ 474.62	$ 569.13	$ 2,457.32	$ 12,340.12	$ 14,797.44	$ 284.57	$ 284.57	$ 7,398.72	$ 7,398.72	$ 14,797.44	$ 15,093.39
	Employee & Child(ren)	$ 83.17	$ 417.67	$ 500.84	$ 2,162.34	$ 10,859.34	$ 13,021.68	$ 250.42	$ 250.42	$ 6,510.84	$ 6,510.84	$ 13,021.68	$ 13,282.11
	Full Family	$ 130.43	$ 654.98	$ 785.41	$ 3,391.06	$ 17,029.46	$ 20,420.52	$ 392.70	$ 392.70	$ 10,210.26	$ 10,210.26	$ 20,420.52	$ 20,828.93
[HP00] BCN Great Lakes West	Employee Only	$ 57.83	$ 237.31	$ 295.14	$ 1,503.64	$ 6,170.12	$ 7,673.76	$ 147.57	$ 147.57	$ 3,836.88	$ 3,836.88	$ 7,673.76	$ 7,827.24
	Employee & Spouse	$ 115.67	$ 474.62	$ 590.29	$ 3,007.52	$ 12,340.12	$ 15,347.64	$ 295.15	$ 295.15	$ 7,673.82	$ 7,673.82	$ 15,347.64	$ 15,654.59
	Employee & Child(ren)	$ 101.79	$ 417.67	$ 519.46	$ 2,646.54	$ 10,859.34	$ 13,505.88	$ 259.73	$ 259.73	$ 6,752.94	$ 6,752.94	$ 13,505.88	$ 13,776.00
	Full Family	$ 159.62	$ 654.98	$ 814.60	$ 4,150.18	$ 17,029.46	$ 21,179.64	$ 407.30	$ 407.30	$ 10,589.82	$ 10,589.82	$ 21,179.64	$ 21,603.23
[HX00] BCN SE Michigan	Employee Only	$ 51.74	$ 237.31	$ 289.05	$ 1,345.24	$ 6,170.12	$ 7,515.36	$ 144.53	$ 144.53	$ 3,757.68	$ 3,757.68	$ 7,515.36	$ 7,665.67
	Employee & Spouse	$ 103.49	$ 474.62	$ 578.11	$ 2,690.72	$ 12,340.12	$ 15,030.84	$ 289.05	$ 289.05	$ 7,515.42	$ 7,515.42	$ 15,030.84	$ 15,331.46
	Employee & Child(ren)	$ 91.07	$ 417.67	$ 508.74	$ 2,367.78	$ 10,859.34	$ 13,227.12	$ 254.37	$ 254.37	$ 6,613.56	$ 6,613.56	$ 13,227.12	$ 13,491.66
	Full Family	$ 142.81	$ 654.98	$ 797.79	$ 3,713.14	$ 17,029.46	$ 20,742.60	$ 398.90	$ 398.90	$ 10,371.30	$ 10,371.30	$ 20,742.60	$ 21,157.45
[HN00] Grand Valley Health	Employee Only	$ 108.55	$ 237.31	$ 345.86	$ 2,822.32	$ 6,170.12	$ 8,992.44	$ 172.93	$ 172.93	$ 4,496.22	$ 4,496.22	$ 8,992.44	$ 9,172.29
	Employee & Spouse	$ 217.11	$ 474.62	$ 691.73	$ 5,644.88	$ 12,340.12	$ 17,985.00	$ 345.87	$ 345.87	$ 8,992.50	$ 8,992.50	$ 17,985.00	$ 18,344.70
	Employee & Child(ren)	$ 191.06	$ 417.67	$ 608.73	$ 4,967.46	$ 10,859.34	$ 15,826.80	$ 304.36	$ 304.36	$ 7,913.40	$ 7,913.40	$ 15,826.80	$ 16,143.34
	Full Family	$ 299.61	$ 654.98	$ 954.59	$ 7,789.78	$ 17,029.46	$ 24,819.24	$ 477.29	$ 477.29	$ 12,409.62	$ 12,409.62	$ 24,819.24	$ 25,315.62
[HI00] Health Alliance Plan	Employee Only	$ 40.43	$ 229.08	$ 269.51	$ 1,051.09	$ 5,956.19	$ 7,007.28	$ 134.76	$ 134.76	$ 3,503.64	$ 3,503.64	$ 7,007.28	$ 7,147.43
	Employee & Spouse	$ 81.20	$ 460.14	$ 541.34	$ 2,111.24	$ 11,963.68	$ 14,074.92	$ 270.67	$ 270.67	$ 7,037.46	$ 7,037.46	$ 14,074.92	$ 14,356.42
	Employee & Child(ren)	$ 71.42	$ 404.69	$ 476.11	$ 1,856.83	$ 10,522.01	$ 12,378.84	$ 238.05	$ 238.05	$ 6,189.42	$ 6,189.42	$ 12,378.84	$ 12,626.42
	Full Family	$ 112.19	$ 635.75	$ 747.94	$ 2,916.95	$ 16,529.41	$ 19,446.36	$ 373.97	$ 373.97	$ 9,723.18	$ 9,723.18	$ 19,446.36	$ 19,835.29

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.

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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	$ 44.38	$ 237.31	$ 281.69	$ 1,153.96	$ 6,170.12	$ 7,324.08	$ 140.85	$ 140.85	$ 3,662.04	$ 3,662.04	$ 7,324.08	$ 7,470.56
	Employee & Spouse	$ 88.77	$ 474.62	$ 563.39	$ 2,308.04	$ 12,340.12	$ 14,648.16	$ 281.70	$ 281.70	$ 7,324.08	$ 7,324.08	$ 14,648.16	$ 14,941.12
	Employee & Child(ren)	$ 78.12	$ 417.67	$ 495.79	$ 2,031.06	$ 10,859.34	$ 12,890.40	$ 247.89	$ 247.89	$ 6,445.20	$ 6,445.20	$ 12,890.40	$ 13,148.21
	Full Family	$ 122.51	$ 654.98	$ 777.49	$ 3,185.14	$ 17,029.46	$ 20,214.60	$ 388.74	$ 388.74	$ 10,107.30	$ 10,107.30	$ 20,214.60	$ 20,618.89
[HMCL] McLaren Health Plan	Employee Only	$ 37.20	$ 210.81	$ 248.01	$ 967.23	$ 5,480.97	$ 6,448.20	$ 124.00	$ 124.00	$ 3,224.10	$ 3,224.10	$ 6,448.20	$ 6,577.16
	Employee & Spouse	$ 74.40	$ 421.61	$ 496.01	$ 1,934.44	$ 10,961.84	$ 12,896.28	$ 248.01	$ 248.01	$ 6,448.14	$ 6,448.14	$ 12,896.28	$ 13,154.21
	Employee & Child(ren)	$ 65.47	$ 371.02	$ 436.49	$ 1,702.31	$ 9,646.45	$ 11,348.76	$ 218.25	$ 218.25	$ 5,674.38	$ 5,674.38	$ 11,348.76	$ 11,575.74
	Full Family	$ 102.67	$ 581.82	$ 684.49	$ 2,669.53	$ 15,127.31	$ 17,796.84	$ 342.25	$ 342.25	$ 8,898.42	$ 8,898.42	$ 17,796.84	$ 18,152.78
[HMEX] Physicians Health Plan	Employee Only	$ 47.34	$ 237.31	$ 284.65	$ 1,230.88	$ 6,170.12	$ 7,401.00	$ 142.33	$ 142.33	$ 3,700.50	$ 3,700.50	$ 7,401.00	$ 7,549.02
	Employee & Spouse	$ 94.68	$ 474.62	$ 569.30	$ 2,461.64	$ 12,340.12	$ 14,801.76	$ 284.65	$ 284.65	$ 7,400.88	$ 7,400.88	$ 14,801.76	$ 15,097.80
	Employee & Child(ren)	$ 83.31	$ 417.67	$ 500.98	$ 2,166.18	$ 10,859.34	$ 13,025.52	$ 250.49	$ 250.49	$ 6,512.76	$ 6,512.76	$ 13,025.52	$ 13,286.03
	Full Family	$ 130.66	$ 654.98	$ 785.64	$ 3,397.06	$ 17,029.46	$ 20,426.52	$ 392.82	$ 392.82	$ 10,213.26	$ 10,213.26	$ 20,426.52	$ 20,835.05
[HF00] Priority Health Plan - West	Employee Only	$ 55.33	$ 237.31	$ 292.64	$ 1,438.48	$ 6,170.12	$ 7,608.60	$ 146.32	$ 146.32	$ 3,804.30	$ 3,804.30	$ 7,608.60	$ 7,760.77
	Employee & Spouse	$ 110.66	$ 474.62	$ 585.28	$ 2,877.08	$ 12,340.12	$ 15,217.20	$ 292.64	$ 292.64	$ 7,608.60	$ 7,608.60	$ 15,217.20	$ 15,521.54
	Employee & Child(ren)	$ 97.38	$ 417.67	$ 515.05	$ 2,531.82	$ 10,859.34	$ 13,391.16	$ 257.52	$ 257.52	$ 6,695.58	$ 6,695.58	$ 13,391.16	$ 13,658.98
	Full Family	$ 152.70	$ 654.98	$ 807.68	$ 3,970.30	$ 17,029.46	$ 20,999.76	$ 403.84	$ 403.84	$ 10,499.88	$ 10,499.88	$ 20,999.76	$ 21,419.76
[HF01] Priority Health Plan - East	Employee Only	$ 55.33	$ 237.31	$ 292.64	$ 1,438.48	$ 6,170.12	$ 7,608.60	$ 146.32	$ 146.32	$ 3,804.30	$ 3,804.30	$ 7,608.60	$ 7,760.77
	Employee & Spouse	$ 110.66	$ 474.62	$ 585.28	$ 2,877.08	$ 12,340.12	$ 15,217.20	$ 292.64	$ 292.64	$ 7,608.60	$ 7,608.60	$ 15,217.20	$ 15,521.54
	Employee & Child(ren)	$ 97.38	$ 417.67	$ 515.05	$ 2,531.82	$ 10,859.34	$ 13,391.16	$ 257.52	$ 257.52	$ 6,695.58	$ 6,695.58	$ 13,391.16	$ 13,658.98
	Full Family	$ 152.70	$ 654.98	$ 807.68	$ 3,970.30	$ 17,029.46	$ 20,999.76	$ 403.84	$ 403.84	$ 10,499.88	$ 10,499.88	$ 20,999.76	$ 21,419.76
[HF02] Priority Health Plan - South	Employee Only	$ 55.33	$ 237.31	$ 292.64	$ 1,438.48	$ 6,170.12	$ 7,608.60	$ 146.32	$ 146.32	$ 3,804.30	$ 3,804.30	$ 7,608.60	$ 7,760.77
	Employee & Spouse	$ 110.66	$ 474.62	$ 585.28	$ 2,877.08	$ 12,340.12	$ 15,217.20	$ 292.64	$ 292.64	$ 7,608.60	$ 7,608.60	$ 15,217.20	$ 15,521.54
	Employee & Child(ren)	$ 97.38	$ 417.67	$ 515.05	$ 2,531.82	$ 10,859.34	$ 13,391.16	$ 257.52	$ 257.52	$ 6,695.58	$ 6,695.58	$ 13,391.16	$ 13,658.98
	Full Family	$ 152.70	$ 654.98	$ 807.68	$ 3,970.30	$ 17,029.46	$ 20,999.76	$ 403.84	$ 403.84	$ 10,499.88	$ 10,499.88	$ 20,999.76	$ 21,419.76
[HL00] Total Health Care	Employee Only	$ 30.90	$ 175.11	$ 206.01	$ 803.47	$ 4,552.97	$ 5,356.44	$ 103.01	$ 103.01	$ 2,678.22	$ 2,678.22	$ 5,356.44	$ 5,463.57
	Employee & Spouse	$ 71.08	$ 402.77	$ 473.85	$ 1,847.99	$ 10,471.93	$ 12,319.92	$ 236.92	$ 236.92	$ 6,159.96	$ 6,159.96	$ 12,319.92	$ 12,566.32
	Employee & Child(ren)	$ 58.72	$ 332.72	$ 391.44	$ 1,526.60	$ 8,650.72	$ 10,177.32	$ 195.72	$ 195.72	$ 5,088.66	$ 5,088.66	$ 10,177.32	$ 10,380.87
	Full Family	$ 83.44	$ 472.81	$ 556.25	$ 2,169.38	$ 12,293.14	$ 14,462.52	$ 278.13	$ 278.13	$ 7,231.26	$ 7,231.26	$ 14,462.52	$ 14,751.77

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.