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 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] State Health Plan PPO	Employee Only	$ 59.62	$ 238.50	$ 298.12	$ 1,550.24	$ 6,200.97	$ 7,751.21	$ 149.06	$ 149.06	$ 3,875.60	$ 3,875.61	$ 7,751.21	$ 7,906.23
	Employee & Spouse	$ 119.25	$ 476.99	$ 596.24	$ 3,100.46	$ 12,401.82	$ 15,502.28	$ 298.12	$ 298.12	$ 7,751.14	$ 7,751.14	$ 15,502.28	$ 15,812.33
	Employee & Child (ren)	$ 104.94	$ 419.76	$ 524.70	$ 2,728.41	$ 10,913.64	$ 13,642.05	$ 262.35	$ 262.35	$ 6,821.02	$ 6,821.03	$ 13,642.05	$ 13,914.89
	Full Family	$ 164.56	$ 658.25	$ 822.81	$ 4,278.65	$ 17,114.62	$ 21,393.27	$ 411.41	$ 411.41	$ 10,696.63	$ 10,696.64	$ 21,393.27	$ 21,821.14
Employee or Spouse with Medicare (State Pays 100%)	Employee Only	$ -	$ 238.50	$ 238.50	$ -	$ 6,200.97	$ 6,200.97	$ -	$ -	$ -	$ -	$ 6,200.97	$ 6,324.99
	Employee & Spouse	$ -	$ 476.99	$ 476.99	$ -	$ 12,401.82	$ 12,401.82	$ -	$ -	$ -	$ -	$ 12,401.82	$ 12,649.86
	Employee & Child (ren)	$ -	$ 419.76	$ 419.76	$ -	$ 10,913.64	$ 10,913.64	$ -	$ -	$ -	$ -	$ 10,913.64	$ 11,131.91
	Full Family	$ -	$ 658.25	$ 658.25	$ -	$ 17,114.62	$ 17,114.62	$ -	$ -	$ -	$ -	$ 17,114.62	$ 17,456.91
[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 NERE and BARGAINING UNITS: UAW (W22, W41) & SEIU 517M (E42, H21, L32)

PLAN NAME/CODE	Option	BIWEEKLY			ANNUAL			BIWEEKLY - PART TIME [1]		ANNUAL - PART TIME [1]		ANNUAL	
		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] BCN Mid-Michigan	Employee Only	$ 56.77	$ 238.50	$ 295.27	$ 1,476.03	$ 6,200.97	$ 7,677.00	$ 147.63	$ 147.63	$ 3,838.50	$ 3,838.50	$ 7,677.00	$ 7,830.54
	Employee & Spouse	$ 113.55	$ 476.99	$ 590.54	$ 2,952.18	$ 12,401.82	$ 15,354.00	$ 295.27	$ 295.27	$ 7,677.00	$ 7,677.00	$ 15,354.00	$ 15,661.08
	Employee & Child(ren)	$ 99.92	$ 419.76	$ 519.68	$ 2,598.00	$ 10,913.64	$ 13,511.64	$ 259.84	$ 259.84	$ 6,755.82	$ 6,755.82	$ 13,511.64	$ 13,781.87
	Full Family	$ 156.69	$ 658.25	$ 814.94	$ 4,074.02	$ 17,114.62	$ 21,188.64	$ 407.47	$ 407.47	$ 10,594.32	$ 10,594.32	$ 21,188.64	$ 21,612.41
[HD00] BCN East Michigan	Employee Only	$ 47.27	$ 238.50	$ 285.77	$ 1,229.07	$ 6,200.97	$ 7,430.04	$ 142.89	$ 142.89	$ 3,715.02	$ 3,715.02	$ 7,430.04	$ 7,578.64
	Employee & Spouse	$ 94.54	$ 476.99	$ 571.53	$ 2,458.14	$ 12,401.82	$ 14,859.96	$ 285.77	$ 285.77	$ 7,429.98	$ 7,429.98	$ 14,859.96	$ 15,157.16
	Employee & Child(ren)	$ 83.20	$ 419.76	$ 502.96	$ 2,163.12	$ 10,913.64	$ 13,076.76	$ 251.48	$ 251.48	$ 6,538.38	$ 6,538.38	$ 13,076.76	$ 13,338.30
	Full Family	$ 130.47	$ 658.25	$ 788.72	$ 3,392.18	$ 17,114.62	$ 20,506.80	$ 394.36	$ 394.36	$ 10,253.40	$ 10,253.40	$ 20,506.80	$ 20,916.94
[HP00] BCN Great Lakes West	Employee Only	$ 57.92	$ 238.50	$ 296.42	$ 1,505.91	$ 6,200.97	$ 7,706.88	$ 148.21	$ 148.21	$ 3,853.44	$ 3,853.44	$ 7,706.88	$ 7,861.02
	Employee & Spouse	$ 115.84	$ 476.99	$ 592.83	$ 3,011.82	$ 12,401.82	$ 15,413.64	$ 296.42	$ 296.42	$ 7,706.82	$ 7,706.82	$ 15,413.64	$ 15,721.91
	Employee & Child(ren)	$ 101.94	$ 419.76	$ 521.70	$ 2,650.44	$ 10,913.64	$ 13,564.08	$ 260.85	$ 260.85	$ 6,782.04	$ 6,782.04	$ 13,564.08	$ 13,835.36
	Full Family	$ 159.85	$ 658.25	$ 818.10	$ 4,156.22	$ 17,114.62	$ 21,270.84	$ 409.05	$ 409.05	$ 10,635.42	$ 10,635.42	$ 21,270.84	$ 21,696.26
[HX00] BCN SE Michigan	Employee Only	$ 52.00	$ 238.50	$ 290.50	$ 1,352.07	$ 6,200.97	$ 7,553.04	$ 145.25	$ 145.25	$ 3,776.52	$ 3,776.52	$ 7,553.04	$ 7,704.10
	Employee & Spouse	$ 104.01	$ 476.99	$ 581.00	$ 2,704.26	$ 12,401.82	$ 15,106.08	$ 290.50	$ 290.50	$ 7,553.04	$ 7,553.04	$ 15,106.08	$ 15,408.20
	Employee & Child(ren)	$ 91.53	$ 419.76	$ 511.29	$ 2,379.72	$ 10,913.64	$ 13,293.36	$ 255.64	$ 255.64	$ 6,646.68	$ 6,646.68	$ 13,293.36	$ 13,559.23
	Full Family	$ 143.53	$ 658.25	$ 801.78	$ 3,731.78	$ 17,114.62	$ 20,846.40	$ 400.89	$ 400.89	$ 10,423.20	$ 10,423.20	$ 20,846.40	$ 21,263.33
[HN00] Grand Valley Health	Employee Only	$ 112.19	$ 238.50	$ 350.69	$ 2,916.87	$ 6,200.97	$ 9,117.84	$ 175.34	$ 175.34	$ 4,558.92	$ 4,558.92	$ 9,117.84	$ 9,300.20
	Employee & Spouse	$ 224.38	$ 476.99	$ 701.37	$ 5,833.86	$ 12,401.82	$ 18,235.68	$ 350.69	$ 350.69	$ 9,117.84	$ 9,117.84	$ 18,235.68	$ 18,600.39
	Employee & Child(ren)	$ 197.46	$ 419.76	$ 617.22	$ 5,133.84	$ 10,913.64	$ 16,047.48	$ 308.61	$ 308.61	$ 8,023.74	$ 8,023.74	$ 16,047.48	$ 16,368.43
	Full Family	$ 309.64	$ 658.25	$ 967.89	$ 8,050.70	$ 17,114.62	$ 25,165.32	$ 483.95	$ 483.95	$ 12,582.66	$ 12,582.66	$ 25,165.32	$ 25,668.63
[HI00] Health Alliance Plan	Employee Only	$ 40.62	$ 230.18	$ 270.80	$ 1,056.13	$ 5,984.75	$ 7,040.88	$ 135.40	$ 135.40	$ 3,520.44	$ 3,520.44	$ 7,040.88	$ 7,181.70
	Employee & Spouse	$ 81.59	$ 462.35	$ 543.94	$ 2,121.35	$ 12,021.01	$ 14,142.36	$ 271.97	$ 271.97	$ 7,071.18	$ 7,071.18	$ 14,142.36	$ 14,425.21
	Employee & Child(ren)	$ 71.76	$ 406.63	$ 478.39	$ 1,865.72	$ 10,572.40	$ 12,438.12	$ 239.19	$ 239.19	$ 6,219.06	$ 6,219.06	$ 12,438.12	$ 12,686.88
	Full Family	$ 112.73	$ 638.79	$ 751.52	$ 2,930.92	$ 16,608.56	$ 19,539.48	$ 375.76	$ 375.76	$ 9,769.74	$ 9,769.74	$ 19,539.48	$ 19,930.27

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] HealthPlus of Michigan	Employee Only	$ 44.61	$ 238.50	$ 283.11	$ 1,159.95	$ 6,200.97	$ 7,360.92	$ 141.56	$ 141.56	$ 3,680.46	$ 3,680.46	$ 7,360.92	$ 7,508.14
	Employee & Spouse	$ 89.23	$ 476.99	$ 566.22	$ 2,320.02	$ 12,401.82	$ 14,721.84	$ 283.11	$ 283.11	$ 7,360.92	$ 7,360.92	$ 14,721.84	$ 15,016.28
	Employee & Child(ren)	$ 78.52	$ 419.76	$ 498.28	$ 2,041.56	$ 10,913.64	$ 12,955.20	$ 249.14	$ 249.14	$ 6,477.60	$ 6,477.60	$ 12,955.20	$ 13,214.30
	Full Family	$ 123.13	$ 658.25	$ 781.38	$ 3,201.50	$ 17,114.62	$ 20,316.12	$ 390.69	$ 390.69	$ 10,158.06	$ 10,158.06	$ 20,316.12	$ 20,722.44
[HMCL] McLaren Health Plan	Employee Only	$ 37.39	$ 211.88	$ 249.27	$ 972.14	$ 5,508.82	$ 6,480.96	$ 124.63	$ 124.63	$ 3,240.48	$ 3,240.48	$ 6,480.96	$ 6,610.58
	Employee & Spouse	$ 74.78	$ 423.76	$ 498.54	$ 1,944.29	$ 11,017.63	$ 12,961.92	$ 249.27	$ 249.27	$ 6,480.96	$ 6,480.96	$ 12,961.92	$ 13,221.16
	Employee & Child(ren)	$ 65.81	$ 372.91	$ 438.72	$ 1,710.99	$ 9,695.61	$ 11,406.60	$ 219.36	$ 219.36	$ 5,703.30	$ 5,703.30	$ 11,406.60	$ 11,634.73
	Full Family	$ 103.20	$ 584.79	$ 687.99	$ 2,683.13	$ 15,204.43	$ 17,887.56	$ 343.99	$ 343.99	$ 8,943.78	$ 8,943.78	$ 17,887.56	$ 18,245.31
[HMEX] Physicians Health Plan	Employee Only	$ 46.87	$ 238.50	$ 285.37	$ 1,218.51	$ 6,200.97	$ 7,419.48	$ 142.68	$ 142.68	$ 3,709.74	$ 3,709.74	$ 7,419.48	$ 7,567.87
	Employee & Spouse	$ 93.74	$ 476.99	$ 570.73	$ 2,437.26	$ 12,401.82	$ 14,839.08	$ 285.37	$ 285.37	$ 7,419.54	$ 7,419.54	$ 14,839.08	$ 15,135.86
	Employee & Child(ren)	$ 82.49	$ 419.76	$ 502.25	$ 2,144.64	$ 10,913.64	$ 13,058.28	$ 251.12	$ 251.12	$ 6,529.14	$ 6,529.14	$ 13,058.28	$ 13,319.45
	Full Family	$ 129.35	$ 658.25	$ 787.60	$ 3,363.14	$ 17,114.62	$ 20,477.76	$ 393.80	$ 393.80	$ 10,238.88	$ 10,238.88	$ 20,477.76	$ 20,887.32
[HF00] Priority Health Plan - West	Employee Only	$ 56.38	$ 238.50	$ 294.88	$ 1,465.83	$ 6,200.97	$ 7,666.80	$ 147.44	$ 147.44	$ 3,833.40	$ 3,833.40	$ 7,666.80	$ 7,820.14
	Employee & Spouse	$ 112.76	$ 476.99	$ 589.75	$ 2,931.78	$ 12,401.82	$ 15,333.60	$ 294.88	$ 294.88	$ 7,666.80	$ 7,666.80	$ 15,333.60	$ 15,640.27
	Employee & Child(ren)	$ 99.23	$ 419.76	$ 518.99	$ 2,579.88	$ 10,913.64	$ 13,493.52	$ 259.49	$ 259.49	$ 6,746.76	$ 6,746.76	$ 13,493.52	$ 13,763.39
	Full Family	$ 155.60	$ 658.25	$ 813.85	$ 4,045.70	$ 17,114.62	$ 21,160.32	$ 406.93	$ 406.93	$ 10,580.16	$ 10,580.16	$ 21,160.32	$ 21,583.53
[HF01] Priority Health Plan - East	Employee Only	$ 56.38	$ 238.50	$ 294.88	$ 1,465.83	$ 6,200.97	$ 7,666.80	$ 147.44	$ 147.44	$ 3,833.40	$ 3,833.40	$ 7,666.80	$ 7,820.14
	Employee & Spouse	$ 112.76	$ 476.99	$ 589.75	$ 2,931.78	$ 12,401.82	$ 15,333.60	$ 294.88	$ 294.88	$ 7,666.80	$ 7,666.80	$ 15,333.60	$ 15,640.27
	Employee & Child(ren)	$ 99.23	$ 419.76	$ 518.99	$ 2,579.88	$ 10,913.64	$ 13,493.52	$ 259.49	$ 259.49	$ 6,746.76	$ 6,746.76	$ 13,493.52	$ 13,763.39
	Full Family	$ 155.60	$ 658.25	$ 813.85	$ 4,045.70	$ 17,114.62	$ 21,160.32	$ 406.93	$ 406.93	$ 10,580.16	$ 10,580.16	$ 21,160.32	$ 21,583.53
[HF02] Priority Health Plan - South	Employee Only	$ 56.38	$ 238.50	$ 294.88	$ 1,465.83	$ 6,200.97	$ 7,666.80	$ 147.44	$ 147.44	$ 3,833.40	$ 3,833.40	$ 7,666.80	$ 7,820.14
	Employee & Spouse	$ 112.76	$ 476.99	$ 589.75	$ 2,931.78	$ 12,401.82	$ 15,333.60	$ 294.88	$ 294.88	$ 7,666.80	$ 7,666.80	$ 15,333.60	$ 15,640.27
	Employee & Child(ren)	$ 99.23	$ 419.76	$ 518.99	$ 2,579.88	$ 10,913.64	$ 13,493.52	$ 259.49	$ 259.49	$ 6,746.76	$ 6,746.76	$ 13,493.52	$ 13,763.39
	Full Family	$ 155.60	$ 658.25	$ 813.85	$ 4,045.70	$ 17,114.62	$ 21,160.32	$ 406.93	$ 406.93	$ 10,580.16	$ 10,580.16	$ 21,160.32	$ 21,583.53
[HL00] Total Health Care	Employee Only	$ 31.06	$ 175.99	$ 207.05	$ 807.48	$ 4,575.72	$ 5,383.20	$ 103.52	$ 103.52	$ 2,691.60	$ 2,691.60	$ 5,383.20	$ 5,490.86
	Employee & Spouse	$ 71.43	$ 404.78	$ 476.21	$ 1,857.22	$ 10,524.26	$ 12,381.48	$ 238.11	$ 238.11	$ 6,190.74	$ 6,190.74	$ 12,381.48	$ 12,629.11
	Employee & Child(ren)	$ 59.01	$ 334.39	$ 393.40	$ 1,534.25	$ 8,694.07	$ 10,228.32	$ 196.70	$ 196.70	$ 5,114.16	$ 5,114.16	$ 10,228.32	$ 10,432.89
	Full Family	$ 83.86	$ 475.18	$ 559.04	$ 2,180.23	$ 12,354.65	$ 14,534.88	$ 279.52	$ 279.52	$ 7,267.44	$ 7,267.44	$ 14,534.88	$ 14,825.58

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.