Department of Civil Service
Employee Benefits Division
FY 2004-2005 HEALTH INSURANCE PREMIUM RATES
(Effective October 10, 2004)

PLAN NAME/CODE	Option *2	BIWEEKLY Employee	BIWEEKLY State	BIWEEKLY Total	ANNUAL Employee	ANNUAL State	ANNUAL Total	BIWEEKLY Part time employees*1 Employee	BIWEEKLY Part time employees*1 State	ANNUAL Part time employees Employee	ANNUAL Part time employees State	MONTHLY (CGIS) Leave/LO	MONTHLY (CGIS) COBRA
HAEX State Health Plan	1	$ 8.42	$ 160.12	$ 168.54	$ 219.00	$ 4,163.04	$ 4,382.04	$ 84.27	$ 84.27	$ 2,191.02	$ 2,191.02	$ 365.17	$ 372.47
	2	$ 16.85	$ 320.23	$ 337.08	$ 438.21	$ 8,325.96	$ 8,764.17	$ 168.54	$ 168.54	$ 4,382.09	$ 4,382.09	$ 730.35	$ 744.95
	3	$ 14.83	$ 281.80	$ 296.63	$ 385.63	$ 7,326.84	$ 7,712.47	$ 148.32	$ 148.32	$ 3,856.24	$ 3,856.24	$ 642.71	$ 655.56
	4	$ 23.26	$ 441.92	$ 465.18	$ 604.68	$ 11,489.88	$ 12,094.56	$ 232.59	$ 232.59	$ 6,047.28	$ 6,047.28	$ 1,007.88	$ 1,028.04
Employee or Spouse	5	$ -	$ 160.12	$ 160.12	$ -	$ 4,163.04	$ 4,163.04	$ 80.06	$ 80.06	$ 2,081.56	$ 2,081.56	$ 346.92	$ 353.86
with Medicare	6	$ -	$ 320.23	$ 320.23	$ -	$ 8,325.98	$ 8,325.98	$ 160.11	$ 160.11	$ 4,162.99	$ 4,162.99	$ 693.83	$ 707.71
(State pays 100%)	7	$ -	$ 281.80	$ 281.80	$ -	$ 7,326.80	$ 7,326.80	$ 140.90	$ 140.90	$ 3,663.40	$ 3,663.40	$ 610.57	$ 622.78
	8	$ -	$ 441.92	$ 441.92	$ -	$ 11,489.92	$ 11,489.92	$ 220.96	$ 220.96	$ 5,744.96	$ 5,744.96	$ 957.49	$ 976.64
H2F0 Catastrophic Health *4	1	$ -	$ 15.81	$ 15.81	$ -	$ 411.06	$ 411.06	$ 7.91	$ 7.91	$ 205.53	$ 205.53	$ 34.26	$ 34.95
Plan	2	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
(State pays 100%)	3	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
	4	$ -	$ 31.62	$ 31.62	$ -	$ 822.12	$ 822.12	$ 15.81	$ 15.81	$ 411.06	$ 411.06	$ 68.51	$ 69.88
H3ZN Decline Health Ins. *5	(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 *6	(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)

Note: Except where indicated , State pays 100% of health premiums for bargaining unit T01.

*2 Health, Dental and Vision option codes are 1= Employee only coverage, 2= Employee & Spouse, 3= Employee & Child(ren), 4= Full Family

*4 Enrolles in the Catastrophic Health Plan will receive a $50 rebate with each paycheck beginning October 21, 2004

*5 Decline insurance code H3 & V3 for employee who had coverage through a State employee or retiree spouse. No rebate is available.

*6 "Opt Out" code for H4 is for the employee who has "primary" coverages through a non-State Employee or non-State retired spouse. A rebate identical to Catastrophic Health Plan will be issued to those employees.