

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE January 1, 2021

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch, and Non-Represented (Z60-Z89)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$58.78	\$235.11	\$293.89
	Employee & Spouse	\$132.25	\$528.99	\$661.24
	Employee & Child (ren)	\$102.86	\$411.44	\$514.30
	Full Family	\$176.33	\$705.32	\$881.65
Employee or Spouse w/Medicare (State pays 100%)	Option	Employee	State	Total
	Employee Only	\$0.00	\$235.11	\$235.11
	Employee & Spouse	\$0.00	\$528.99	\$528.99
	Employee & Child (ren)	\$0.00	\$411.44	\$411.44
	Full Family	\$0.00	\$705.32	\$705.32
PLAN NAME/CODE	Option	Employee	State	Total
[HDHP] State High Deductible Health Plan with HSA ¹	Employee Only	\$30.00	\$220.00	\$250.00
	Employee & Spouse	\$67.59	\$495.64	\$563.23
	Employee & Child (ren)	\$52.55	\$385.34	\$437.89
	Full Family	\$90.06	\$660.44	\$750.50
PLAN NAME/CODE	Option	Employee	State	Total
[HCAT] Catastrophic Health Plan ²	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$40.82	\$231.33	\$272.15
	Employee & Spouse	\$91.85	\$520.49	\$612.34
	Employee & Child (ren)	\$71.44	\$404.83	\$476.27
	Full Family	\$122.47	\$693.98	\$816.45
PLAN NAME/CODE	Option	Employee	State	Total
[HI00] Health Alliance Plan	Employee Only	\$55.18	\$235.11	\$290.29
	Employee & Spouse	\$124.16	\$528.99	\$653.15
	Employee & Child (ren)	\$96.57	\$411.44	\$508.01
	Full Family	\$165.55	\$705.32	\$870.87
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$47.33	\$235.11	\$282.44
	Employee & Spouse	\$106.50	\$528.99	\$635.49
	Employee & Child (ren)	\$82.83	\$411.44	\$494.27
	Full Family	\$142.00	\$705.32	\$847.32
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$51.85	\$235.11	\$286.96
	Employee & Spouse	\$116.67	\$528.99	\$645.66
	Employee & Child (ren)	\$90.74	\$411.44	\$502.18
	Full Family	\$155.56	\$705.32	\$860.88
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$74.76	\$235.11	\$309.87
	Employee & Spouse	\$168.22	\$528.99	\$697.21
	Employee & Child (ren)	\$130.84	\$411.44	\$542.28
	Full Family	\$224.30	\$705.32	\$929.62
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health ³	(n/a)	(n/a)	(n/a)	(n/a)

¹ The State High Deductible Health Plan with HSA is a new offering during BOE Part 2 and the coverage is effective January 1, 2021.

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.

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PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$2.29	\$2.29
	Employee & Spouse	\$0.00	\$5.15	\$5.15
	Employee & Child (ren)	\$0.00	\$4.01	\$4.01
	Full Family	\$0.00	\$6.87	\$6.87
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$0.99	\$18.83	\$19.82
	Employee & Spouse	\$1.98	\$37.65	\$39.63
	Employee & Child (ren)	\$2.23	\$42.36	\$44.59
	Full Family	\$3.22	\$61.18	\$64.40
PLAN NAME/CODE	Option	Employee	State	Total
[DNPR] Preventive Dental Plan	Employee Only	\$0.00	\$2.55	\$2.55
	Employee & Spouse	\$0.00	\$5.10	\$5.10
	Employee & Child (ren)	\$0.00	\$5.74	\$5.74
	Full Family	\$0.00	\$8.29	\$8.29
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental ⁴	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$0.00	28¢/\$1,000	28¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$7.62
	Child(ren) Only \$15,000	\$1.13	\$0.00	\$1.13

⁴ Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in November. The rebate will be prorated for new employees hired mid-year.