

CIVIL SERVICE COMMISSION  
EMPLOYEE BENEFITS DIVISION  
**FY 2017-2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES**  
**EFFECTIVE OCTOBER 8, 2017**

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	\$62.74	\$250.94	\$313.68
	Employee & Spouse	\$125.48	\$501.91	\$627.39
	Employee & Child (ren)	\$110.42	\$441.68	\$552.10
	Full Family	\$173.16	\$692.63	\$865.79
Employee or Spouse w/Medicare (State pays 100%)	Employee Only	\$0.00	\$250.94	\$250.94
	Employee & Spouse	\$0.00	\$501.91	\$501.91
	Employee & Child (ren)	\$0.00	\$441.68	\$441.68
	Full Family	\$0.00	\$692.63	\$692.63
[H2F0] Catastrophic Health Plan <sup>2</sup>	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
[HBCN] Blue Care Network	Employee Only	\$41.95	\$237.70	\$279.65
	Employee & Spouse	\$83.90	\$475.41	\$559.31
	Employee & Child (ren)	\$73.83	\$418.36	\$492.19
	Full Family	\$115.78	\$656.07	\$771.85
[HI00] Health Alliance Plan	Employee Only	\$41.91	\$237.51	\$279.42
	Employee & Spouse	\$84.19	\$477.06	\$561.25
	Employee & Child (ren)	\$74.04	\$419.56	\$493.60
	Full Family	\$116.31	\$659.12	\$775.43
[HMCL] McLaren Health Plan	Employee Only	\$40.50	\$229.50	\$270.00
	Employee & Spouse	\$81.00	\$459.00	\$540.00
	Employee & Child (ren)	\$71.26	\$403.80	\$475.06
	Full Family	\$111.77	\$633.34	\$745.11
[HMEY] Physicians Health Plan	Employee Only	\$56.56	\$250.94	\$307.50
	Employee & Spouse	\$113.10	\$501.91	\$615.01
	Employee & Child (ren)	\$99.52	\$441.68	\$541.20
	Full Family	\$156.07	\$692.63	\$848.70
[HPRI] Priority Health Plan	Employee Only	\$72.47	\$250.94	\$323.41
	Employee & Spouse	\$144.92	\$501.91	\$646.83
	Employee & Child (ren)	\$127.53	\$441.68	\$569.21
	Full Family	\$199.99	\$692.63	\$892.62
[H3ZN] Decline Health Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health <sup>3</sup>	(n/a)	(n/a)	(n/a)	(n/a)

<sup>1</sup> Part-time employees hired on or after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period. Part-time employees hired on or before 12/30/1999 pay the full-time rate.

<sup>2</sup> Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

<sup>3</sup> 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
[VBW0] State Vision Plan	Employee Only	\$0.00	\$2.38	\$2.38
	Employee & Spouse	\$0.00	\$4.19	\$4.19
	Employee & Child (ren)	\$0.00	\$5.12	\$5.12
	Full Family	\$0.00	\$6.93	\$6.93
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	\$1.05	\$19.87	\$20.92
	Employee & Spouse	\$1.91	\$36.26	\$38.17
	Employee & Child (ren)	\$2.32	\$44.16	\$46.48
	Full Family	\$3.18	\$60.49	\$63.67
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$2.99	\$2.99
	Employee & Spouse	\$0.00	\$5.21	\$5.21
	Employee & Child (ren)	\$0.00	\$5.21	\$5.21
	Full Family	\$0.00	\$7.42	\$7.42
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$18.13	\$18.13
	Employee & Spouse	\$0.00	\$18.13	\$18.13
	Employee & Child (ren)	\$0.00	\$18.13	\$18.13
	Full Family	\$0.00	\$18.13	\$18.13
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Ins.	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental <sup>4</sup>	(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
	Sp \$0 &/or Ch \$15,000	\$1.13	\$0.00	\$1.13

<sup>4</sup> 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.