

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION

**FY 2017—2018 GROUP INSURANCE PART-TIME 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	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[HAEX] State Health Plan PPO	Employee Only	\$156.84	\$156.84	\$4,077.84	\$4,077.84
	Employee & Spouse	\$313.69	\$313.69	\$8,156.00	\$8,156.01
	Employee & Child (ren)	\$276.05	\$276.05	\$7,177.24	\$7,177.25
	Full Family	\$432.89	\$432.89	\$11,255.25	\$11,255.25
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[H2F0] Catastrophic Health Plan ²	Employee Only	\$0.00	\$7.91	\$0.00	\$205.53
	Employee & Spouse	\$0.00	\$15.81	\$0.00	\$411.06
	Employee & Child (ren)	\$0.00	\$15.81	\$0.00	\$411.06
	Full Family	\$0.00	\$15.81	\$0.00	\$411.06
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[HBCN] Blue Care Network	Employee Only	\$139.83	\$139.83	\$3,635.46	\$3,635.46
	Employee & Spouse	\$279.66	\$279.66	\$7,271.04	\$7,271.04
	Employee & Child (ren)	\$246.10	\$246.10	\$6,398.52	\$6,398.52
	Full Family	\$385.92	\$385.92	\$10,034.04	\$10,034.04
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[HI00] Health Alliance Plan	Employee Only	\$139.71	\$139.71	\$3,632.46	\$3,632.46
	Employee & Spouse	\$280.62	\$280.62	\$7,296.18	\$7,296.18
	Employee & Child (ren)	\$246.80	\$246.80	\$6,416.82	\$6,416.82
	Full Family	\$387.72	\$387.72	\$10,080.60	\$10,080.60
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[HMCL] McLaren Health Plan	Employee Only	\$135.00	\$135.00	\$3,509.94	\$3,509.94
	Employee & Spouse	\$270.00	\$270.00	\$7,020.06	\$7,020.06
	Employee & Child (ren)	\$237.53	\$237.53	\$6,175.74	\$6,175.74
	Full Family	\$372.55	\$372.55	\$9,686.40	\$9,686.40
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[HMEX] Physicians Health Plan	Employee Only	\$153.75	\$153.75	\$3,997.56	\$3,997.56
	Employee & Spouse	\$307.50	\$307.50	\$7,995.06	\$7,995.06
	Employee & Child (ren)	\$270.60	\$270.60	\$7,035.60	\$7,035.60
	Full Family	\$424.35	\$424.35	\$11,033.16	\$11,033.16
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[HPRI] Priority Health Plan	Employee Only	\$161.71	\$161.71	\$4,204.38	\$4,204.38
	Employee & Spouse	\$323.41	\$323.41	\$8,408.76	\$8,408.76
	Employee & Child (ren)	\$284.60	\$284.60	\$7,399.68	\$7,399.68
	Full Family	\$446.31	\$446.31	\$11,604.06	\$11,604.06
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
[H3ZN] Decline Health Ins.	(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)

¹ 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.

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	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[VBW0] State Vision Plan	Employee Only	\$1.19	\$1.19	\$30.98	\$30.99
	Employee & Spouse	\$2.09	\$2.09	\$54.44	\$54.44
	Employee & Child (ren)	\$2.56	\$2.56	\$66.49	\$66.50
	Full Family	\$3.47	\$3.47	\$90.11	\$90.12
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[V3ZN] Decline Vision Ins.	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DBEX] State Dental Plan	Employee Only	\$10.46	\$10.46	\$271.86	\$271.86
	Employee & Spouse	\$19.08	\$19.08	\$496.18	\$496.18
	Employee & Child (ren)	\$23.24	\$23.24	\$604.26	\$604.27
	Full Family	\$31.83	\$31.83	\$827.70	\$827.70
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DP00] Preventive Dental Plan	Employee Only	\$1.50	\$1.50	\$38.87	\$38.87
	Employee & Spouse	\$2.61	\$2.61	\$67.73	\$67.73
	Employee & Child (ren)	\$2.61	\$2.61	\$67.73	\$67.73
	Full Family	\$3.71	\$3.71	\$96.46	\$96.46
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DMEX] Midwestern Dental (DMO)	Employee Only	\$9.06	\$9.06	\$235.68	\$235.68
	Employee & Spouse	\$9.06	\$9.06	\$235.68	\$235.68
	Employee & Child (ren)	\$9.06	\$9.06	\$235.68	\$235.68
	Full Family	\$9.06	\$9.06	\$235.68	\$235.68
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[D3ZN] Decline Dental Ins.	(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)
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
Employee Life	Employee Only	\$0.00	28¢/\$1,000	\$0.00	28¢/\$1,000
PLAN NAME/CODE	Option	BIWEEKLY PART TIME ¹		ANNUAL PART TIME ¹	
		Employee	State	Employee	State
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$5.20	\$0.00
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$15.60	\$0.00
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$31.20	\$0.00
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$104.00	\$0.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$19.50	\$0.00
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$198.12	\$0.00
	Sp \$0 &/or Ch \$15,000	\$1.13	\$0.00	\$29.38	\$0.00

¹ 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.

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.