

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017—2018 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017
FOR BARGAINING UNIT MSPTA (T01)

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
PLAN NAME/CODE	Option	Employee	State	Total
[H2F0] Catastrophic Health Plan ¹	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	\$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
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	Employee Only	\$41.73	\$250.94	\$292.67
	Employee & Spouse	\$83.63	\$501.91	\$585.54
	Employee & Child (ren)	\$81.32	\$441.68	\$523.00
	Full Family	\$132.01	\$692.63	\$824.64
PLAN NAME/CODE	Option	Employee	State	Total
[HCP2] COPS Trust Health Plan 2	Employee Only	\$24.62	\$250.94	\$275.56
	Employee & Spouse	\$49.38	\$501.91	\$551.29
	Employee & Child (ren)	\$43.36	\$441.68	\$485.04
	Full Family	\$67.90	\$692.63	\$760.53
PLAN NAME/CODE	Option	Employee	State	Total
[HCP3] COPS Trust Health Plan 3	Employee Only	\$83.93	\$250.94	\$334.87
	Employee & Spouse	\$168.05	\$501.91	\$669.96
	Employee & Child (ren)	\$156.70	\$441.68	\$598.38
	Full Family	\$250.77	\$692.63	\$943.40
PLAN NAME/CODE	Option	Employee	State	Total
[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
PLAN NAME/CODE	Option	Employee	State	Total
[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
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] 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
PLAN NAME/CODE	Option	Employee	State	Total
[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
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)

¹ Employees in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

² 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 Insurance	(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 Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ³	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
Employee Life	Employee Only	\$ -	28¢/\$1,000	28¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options ⁴	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

³ 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.

⁴ Additional "Sp \$50,000 &/or Ch \$15,000" and "Child(ren) Only \$15,000" options were added in contract negotiations, effective January 1, 2018.