

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2017
FOR BARGAINING UNITS: MSPTA (T01)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only	\$679.64	\$693.23
	Applicant & Spouse	\$1,359.33	\$1,386.52
	Applicant & Children	\$1,196.21	\$1,220.13
	Full Family	\$1,875.88	\$1,913.39
[H2C0] Catastrophic Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
[H2C0] Catastrophic Health Plan	Applicant Only	\$34.26	\$34.94
	Applicant & Spouse	\$68.51	\$69.88
	Applicant & Children	\$68.51	\$69.88
	Full Family	\$68.51	\$69.88
[HBCN] Blue Care Network	Option	Leave/Layoff (100%)	COBRA (102%)
[HBCN] Blue Care Network	Applicant Only	\$605.91	\$618.03
	Applicant & Spouse	\$1,211.84	\$1,236.08
	Applicant & Children	\$1,066.42	\$1,087.75
	Full Family	\$1,672.34	\$1,705.79
[HCP1] COPS Trust Health Plan 1	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP1] COPS Trust Health Plan 1	Applicant Only	\$634.12	\$646.80
	Applicant & Spouse	\$1,268.67	\$1,294.04
	Applicant & Children	\$1,133.17	\$1,155.83
	Full Family	\$1,786.72	\$1,822.45
[HCP2] COPS Trust Health Plan 2	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP2] COPS Trust Health Plan 2	Applicant Only	\$597.05	\$608.99
	Applicant & Spouse	\$1,194.46	\$1,218.35
	Applicant & Children	\$1,050.92	\$1,071.94
	Full Family	\$1,647.82	\$1,680.77
[HCP3] COPS Trust Health Plan 3	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP3] COPS Trust Health Plan 3	Applicant Only	\$725.55	\$740.06
	Applicant & Spouse	\$1,451.58	\$1,480.61
	Applicant & Children	\$1,296.49	\$1,322.42
	Full Family	\$2,044.03	\$2,084.91
[HI00] Health Alliance Plan	Option	Leave/Layoff (100%)	COBRA (102%)
[HI00] Health Alliance Plan	Applicant Only	\$605.41	\$617.52
	Applicant & Spouse	\$1,216.03	\$1,240.35
	Applicant & Children	\$1,069.47	\$1,090.86
	Full Family	\$1,680.10	\$1,713.70
[HMCL] McLaren Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
[HMCL] McLaren Health Plan	Applicant Only	\$584.99	\$596.69
	Applicant & Spouse	\$1,170.01	\$1,193.41
	Applicant & Children	\$1,029.29	\$1,049.88
	Full Family	\$1,614.40	\$1,646.69
[HMEX] Physicians Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
[HMEX] Physicians Health Plan	Applicant Only	\$666.26	\$679.59
	Applicant & Spouse	\$1,332.51	\$1,359.16
	Applicant & Children	\$1,172.60	\$1,196.05
	Full Family	\$1,838.86	\$1,875.64
[HPRI] Priority Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
[HPRI] Priority Health Plan	Applicant Only	\$700.73	\$714.75
	Applicant & Spouse	\$1,401.46	\$1,429.49
	Applicant & Children	\$1,233.28	\$1,257.95
	Full Family	\$1,934.01	\$1,972.69

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[VBW0] State Vision Plan	Applicant Only	\$5.16	\$5.27
	Applicant & Spouse	\$9.07	\$9.26
	Applicant & Children	\$11.08	\$11.30
	Full Family	\$15.02	\$15.32
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DBEX] State Dental Plan	Applicant Only	\$45.31	\$46.22
	Applicant & Spouse	\$82.70	\$84.35
	Applicant & Children	\$100.71	\$102.73
	Full Family	\$137.95	\$140.71
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DPC0] Preventive Dental Plan	Applicant Only	\$6.48	\$6.61
	Applicant & Spouse	\$11.29	\$11.51
	Applicant & Children	\$11.29	\$11.51
	Full Family	\$16.08	\$16.40
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DMEX] Midwestern Dental (DMO)	Applicant Only	\$39.28	\$40.07
	Applicant & Spouse	\$39.28	\$40.07
	Applicant & Children	\$39.28	\$40.07
	Full Family	\$39.28	\$40.07
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
LUEX/LAEX/LREX Employee Life (Only)	Applicant Only	61¢/\$1,000	(n/a)
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000 - Plan F	\$0.43	(n/a)
	Sp \$ 5,000 &/or Ch \$ 2,500 - Plan G	\$1.30	(n/a)
	Sp \$10,000 &/or Ch \$ 5,000 - Plan H	\$2.60	(n/a)
	Sp \$25,000 &/or Ch \$10,000 - Plan K	\$8.67	(n/a)
	Child(ren) Only \$10,000 - Plan L	\$1.63	(n/a)