

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2021 COBRA MONTHLY PREMIUM RATES EFFECTIVE OCTOBER 1, 2020
FOR BARGAINING UNITS: MSPTA (T01)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO	Applicant Only	\$636.75	\$649.49
	Applicant & Spouse	\$1,432.68	\$1,461.33
	Applicant & Children	\$1,114.31	\$1,136.60
	Full Family	\$1,910.24	\$1,948.45
[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	Applicant Only	\$589.66	\$601.45
	Applicant & Spouse	\$1,326.74	\$1,353.28
	Applicant & Children	\$1,031.91	\$1,052.55
	Full Family	\$1,768.98	\$1,804.36
[HCP1] COPS Trust Health Plan 1	Applicant Only	\$629.55	\$642.14
	Applicant & Spouse	\$1,416.46	\$1,444.79
	Applicant & Children	\$1,101.69	\$1,123.72
	Full Family	\$1,888.62	\$1,926.39
[HCP2] COPS Trust Health Plan 2	Applicant Only	\$590.31	\$602.11
	Applicant & Spouse	\$1,328.19	\$1,354.75
	Applicant & Children	\$1,033.05	\$1,053.71
	Full Family	\$1,770.93	\$1,806.34
[HCP3] COPS Trust Health Plan 3	Applicant Only	\$719.68	\$734.07
	Applicant & Spouse	\$1,619.26	\$1,651.64
	Applicant & Children	\$1,259.42	\$1,284.61
	Full Family	\$2,159.02	\$2,202.20
[HCP4] COPS Trust Health Plan 4	Applicant Only	\$512.61	\$522.86
	Applicant & Spouse	\$1,153.36	\$1,176.43
	Applicant & Children	\$897.07	\$915.01
	Full Family	\$1,537.84	\$1,568.59
[HI00] Health Alliance Plan	Applicant Only	\$628.96	\$641.54
	Applicant & Spouse	\$1,415.16	\$1,443.46
	Applicant & Children	\$1,100.68	\$1,122.69
	Full Family	\$1,886.88	\$1,924.62
[HMCL] McLaren Health Plan	Applicant Only	\$611.95	\$624.19
	Applicant & Spouse	\$1,376.90	\$1,404.44
	Applicant & Children	\$1,070.92	\$1,092.34
	Full Family	\$1,835.86	\$1,872.58
[HMEX] Physicians Health Plan	Applicant Only	\$621.74	\$634.18
	Applicant & Spouse	\$1,398.92	\$1,426.90
	Applicant & Children	\$1,088.05	\$1,109.81
	Full Family	\$1,865.23	\$1,902.54
[HPRI] Priority Health Plan	Applicant Only	\$671.39	\$684.82
	Applicant & Spouse	\$1,510.63	\$1,540.84
	Applicant & Children	\$1,174.93	\$1,198.43
	Full Family	\$2,014.17	\$2,054.45

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PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[VEYE] State Vision Plan	Applicant Only	\$4.96	\$5.06
	Applicant & Spouse	\$11.16	\$11.38
	Applicant & Children	\$8.68	\$8.85
	Full Family	\$14.88	\$15.17
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DBEX] State Dental Plan	Applicant Only	\$42.94	\$43.79
	Applicant & Spouse	\$85.87	\$87.59
	Applicant & Children	\$96.60	\$98.53
	Full Family	\$139.54	\$142.33
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DPC0] Preventive Dental Plan	Applicant Only	\$5.53	\$5.64
	Applicant & Spouse	\$11.05	\$11.28
	Applicant & Children	\$12.44	\$12.68
	Full Family	\$17.96	\$18.32
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)
	Sp \$50,000 &/or Ch \$15,000 - Plan M	\$16.51	(n/a)
	Child(ren) Only \$15,000 Plan N	\$2.45	(n/a)