

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2018-2019 BIWEEKLY DROP (T01) GROUP INSURANCE PREMIUM RATES*
EFFECTIVE OCTOBER 7, 2018

PLAN NAME/CODE	Option	Employee	State	Total
(HAEX) State Health Plan PPO	Employee Only	\$20.13	\$382.53	\$402.66
	Employee & Spouse	\$40.27	\$765.06	\$805.33
	Employee & Child (ren)	\$25.36	\$481.85	\$507.21
	Full Family	\$46.61	\$885.65	\$932.26
PLAN NAME/CODE	Option	Employee	State	Total
(HBCN) Blue Care Network	Employee Only	\$101.01	\$382.53	\$483.54
	Employee & Spouse	\$202.03	\$765.06	\$967.09
	Employee & Child (ren)	\$127.42	\$481.85	\$609.27
	Full Family	\$236.18	\$885.65	\$1,121.83
PLAN NAME/CODE	Option	Employee	State	Total
(HCP1) COPS Trust Health Plan 1 (For T01 Only)	Employee Only	\$55.99	\$250.94	\$306.93
	Employee & Spouse	\$112.41	\$501.91	\$614.32
	Employee & Child (ren)	\$106.97	\$441.68	\$548.65
	Full Family	\$172.50	\$692.63	\$865.13
PLAN NAME/CODE	Option	Employee	State	Total
(HCP2) COPS Trust Health Plan 2 (For T01 Only)	Employee Only	\$38.02	\$250.94	\$288.96
	Employee & Spouse	\$76.46	\$501.91	\$578.37
	Employee & Child (ren)	\$67.11	\$441.68	\$508.79
	Full Family	\$105.19	\$692.63	\$797.82
PLAN NAME/CODE	Option	Employee	State	Total
(HCP3) COPS Trust Health Plan 3 (For T01 Only)	Employee Only	\$100.30	\$250.94	\$351.24
	Employee & Spouse	\$201.05	\$501.91	\$702.96
	Employee & Child (ren)	\$186.11	\$441.68	\$627.79
	Full Family	\$297.20	\$692.63	\$989.83
PLAN NAME/CODE	Option	Employee	State	Total
(HI00) Health Alliance Plan	Employee Only	\$187.67	\$382.53	\$570.20
	Employee & Spouse	\$375.36	\$765.06	\$1,140.42
	Employee & Child (ren)	\$236.62	\$481.85	\$718.47
	Full Family	\$403.03	\$885.65	\$1,288.68
PLAN NAME/CODE	Option	Employee	State	Total
(HMEY) Physicians Health Plan	Employee Only	\$218.76	\$382.53	\$601.29
	Employee & Spouse	\$437.51	\$765.06	\$1,202.57
	Employee & Child (ren)	\$275.54	\$481.85	\$757.39
	Full Family	\$506.52	\$885.65	\$1,392.17
PLAN NAME/CODE	Option	Employee	State	Total
(HPRI) Priority Health Plan	Employee Only	\$201.05	\$382.53	\$583.58
	Employee & Spouse	\$400.95	\$765.06	\$1,166.01
	Employee & Child (ren)	\$252.71	\$481.85	\$734.56
	Full Family	\$466.88	\$885.65	\$1,352.53
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$2.16	\$19.40	\$21.56
	Employee & Spouse	\$3.93	\$35.35	\$39.28
	Employee & Child (ren)	\$4.80	\$43.18	\$47.98
	Full Family	\$6.57	\$59.14	\$65.71
PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.25	\$2.25	\$2.50
	Employee & Spouse	\$0.41	\$3.66	\$4.07
	Employee & Child (ren)	\$0.57	\$5.12	\$5.69
	Full Family	\$0.72	\$6.53	\$7.25
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
	Child(ren) Only \$15,000	\$1.13	\$0.00	\$1.13

*Refer to [LTD Rate Document](#) for premiums.