

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2017-2018 T01 BIWEEKLY DROP GROUP INSURANCE PREMIUM RATES
EFFECTIVE OCTOBER 8, 2017

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	\$94.05	\$382.53	\$476.58
	Employee & Spouse	\$188.11	\$765.06	\$953.17
	Employee & Child (ren)	\$118.65	\$481.85	\$600.50
	Full Family	\$220.04	\$885.65	\$1,105.69
PLAN NAME/CODE	Option	Employee	State	Total
(HCP1) COPS Trust Health Plan 1 (For T01 Only)	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 (For T01 Only)	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 (For T01 Only)	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	\$155.55	\$382.53	\$538.08
	Employee & Spouse	\$311.11	\$765.06	\$1,076.17
	Employee & Child (ren)	\$196.15	\$481.85	\$678.00
	Full Family	\$362.71	\$885.65	\$1,248.36
PLAN NAME/CODE	Option	Employee	State	Total
(HMEX) 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	\$173.27	\$382.53	\$555.80
	Employee & Spouse	\$345.42	\$765.06	\$1,110.48
	Employee & Child (ren)	\$217.73	\$481.85	\$699.58
	Full Family	\$402.47	\$885.65	\$1,288.12
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
[VBW0] 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