**CIVIL SERVICE COMMISSION**
**EMPLOYEE BENEFIT DIVISION**
**FY 2012-2013 GROUP INSURANCE PREMIUM RATES**
**EFFECTIVE OCTOBER 14, 2012**
**FOR BARGAINING UNIT MSPTA (T01)**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - DROP | | | ANNUAL - DROP | | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLAN NAME/CODE | Option [1] | Employee | State | Total | Employee | State | Total | Employee | State | Total | Employee | State | Total | Leave/LO | COBRA |
| [HAEX] State Health Plan PPO | 1 | $ 54.93 | $ 219.73 | $ 274.66 | $ 1,428.27 | $ 5,713.07 | $ 7,141.34 | $ 16.95 | $ 322.00 | $ 338.94 | $ 440.63 | $ 8,371.93 | $ 8,812.56 | $ 7,141.34 | $ 7,284.17 |
| | 2 | $ 109.87 | $ 439.46 | $ 549.33 | $ 2,856.51 | $ 11,426.04 | $ 14,282.55 | $ 33.89 | $ 643.99 | $ 677.88 | $ 881.25 | $ 16,743.75 | $ 17,625.00 | $ 14,282.55 | $ 14,568.20 |
| | 3 | $ 96.68 | $ 386.73 | $ 483.41 | $ 2,513.74 | $ 10,054.94 | $ 12,568.68 | $ 21.35 | $ 405.60 | $ 426.95 | $ 555.03 | $ 10,545.57 | $ 11,100.60 | $ 12,568.68 | $ 12,820.05 |
| | 4 | $ 151.62 | $ 606.46 | $ 758.08 | $ 3,942.01 | $ 15,768.02 | $ 19,710.03 | $ 39.24 | $ 745.49 | $ 784.73 | $ 1,020.15 | $ 19,382.85 | $ 20,403.00 | $ 19,710.03 | $ 20,104.23 |
| [H2F0] Catastrophic Health Plan [2] | 1 | $ - | $ 15.81 | $ 15.81 | $ - | $ 411.06 | $ 411.06 | $ - | $ - | $ - | $ - | $ - | $ - | $ 411.06 | $ 419.28 |
| | 2 | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ - | $ - | $ - | $ - | $ - | $ - | $ 822.12 | $ 838.56 |
| | 3 | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ - | $ - | $ - | $ - | $ - | $ - | $ 822.12 | $ 838.56 |
| | 4 | $ - | $ 31.62 | $ 31.62 | $ - | $ 822.12 | $ 822.12 | $ - | $ - | $ - | $ - | $ - | $ - | $ 822.12 | $ 838.56 |
| [H3ZN] Decline Health Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [H4ZN] "Opt Out" Health [3] | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [VBW0] State Vision Plan | 1 | $ - | $ 2.80 | $ 2.80 | $ - | $ 72.91 | $ 72.91 | $ 0.30 | $ 2.64 | $ 2.94 | $ 7.68 | $ 68.76 | $ 76.44 | $ 72.91 | $ 74.37 |
| | 2 | $ - | $ 4.93 | $ 4.93 | $ - | $ 128.09 | $ 128.09 | $ 0.48 | $ 4.31 | $ 4.79 | $ 12.60 | $ 111.96 | $ 124.56 | $ 128.09 | $ 130.65 |
| | 3 | $ - | $ 6.02 | $ 6.02 | $ - | $ 156.46 | $ 156.46 | $ 0.67 | $ 6.02 | $ 6.69 | $ 17.40 | $ 156.48 | $ 173.88 | $ 156.46 | $ 159.59 |
| | 4 | $ - | $ 8.16 | $ 8.16 | $ - | $ 212.03 | $ 212.03 | $ 0.86 | $ 7.67 | $ 8.53 | $ 22.32 | $ 199.44 | $ 221.76 | $ 212.03 | $ 216.27 |
| [V3ZN] Decline Vision Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [DBEX] State Dental Plan | 1 | $ 1.08 | $ 20.48 | $ 21.56 | $ 28.03 | $ 532.52 | $ 560.54 | $ 2.02 | $ 18.13 | $ 20.15 | $ 52.44 | $ 471.36 | $ 523.80 | $ 560.54 | $ 571.76 |
| | 2 | $ 1.97 | $ 37.38 | $ 39.35 | $ 51.15 | $ 971.90 | $ 1,023.05 | $ 3.67 | $ 33.04 | $ 36.71 | $ 95.40 | $ 859.08 | $ 954.48 | $ 1,023.05 | $ 1,043.51 |
| | 3 | $ 2.40 | $ 45.52 | $ 47.92 | $ 62.30 | $ 1,183.61 | $ 1,245.91 | $ 4.49 | $ 40.36 | $ 44.85 | $ 116.64 | $ 1,049.28 | $ 1,165.92 | $ 1,245.91 | $ 1,270.83 |
| | 4 | $ 3.28 | $ 62.36 | $ 65.64 | $ 85.33 | $ 1,621.27 | $ 1,706.60 | $ 6.14 | $ 55.27 | $ 61.41 | $ 159.72 | $ 1,437.00 | $ 1,596.72 | $ 1,706.60 | $ 1,740.73 |
| [DP00] Preventive Dental Plan | 1 | $ - | $ 2.99 | $ 2.99 | $ - | $ 77.74 | $ 77.74 | $ - | $ - | $ - | $ - | $ - | $ - | $ 77.74 | $ 79.29 |
| | 2 | $ - | $ 5.21 | $ 5.21 | $ - | $ 135.46 | $ 135.46 | $ - | $ - | $ - | $ - | $ - | $ - | $ 135.46 | $ 138.17 |
| | 3 | $ - | $ 5.21 | $ 5.21 | $ - | $ 135.46 | $ 135.46 | $ - | $ - | $ - | $ - | $ - | $ - | $ 135.46 | $ 138.17 |
| | 4 | $ - | $ 7.42 | $ 7.42 | $ - | $ 192.92 | $ 192.92 | $ - | $ - | $ - | $ - | $ - | $ - | $ 192.92 | $ 196.78 |
| [DMEX] Midwestern Dental (DMO) | 1 | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 415.80 | $ 424.12 |
| | 2 | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 415.80 | $ 424.12 |
| | 3 | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 415.80 | $ 424.12 |
| | 4 | $ - | $ 15.99 | $ 15.99 | $ - | $ 415.80 | $ 415.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 415.80 | $ 424.12 |
| [D3ZN] Decline Dental Ins. | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |
| [D4ZN] "Opt Out" Dental [4] | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) | (n/a) |

**CIVIL SERVICE COMMISSION**
**EMPLOYEE BENEFIT DIVISION**
**FY 2012-2013 GROUP INSURANCE PREMIUM RATES**
**EFFECTIVE OCTOBER 14, 2012**
**FOR BARGAINING UNIT MSPTA (T01)**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - DROP | | | ANNUAL - DROP | | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PLAN NAME/CODE** | **Option [1]** | **Employee** | **State** | **Total** | **Employee** | **State** | **Total** | **Employee** | **State** | **Total** | **Employee** | **State** | **Total** | **Leave/LO** | **COBRA** |
| **[LUS/LUT/LRS] Employee** | | | | | | | | | | | | | | | |
| Life Only | 1 | $ - | 21¢/$1,000 | 21¢/$1,000 | $ - | $5.46/$1,000 | $5.46/$1,000 | $ - | $ - | $ - | $ - | 21¢/$1,000 | 21¢/$1,000 | $5.46/$1,000 | $ - |
| **[LUEX/LREX] Employee Life** | | | | | | | | | | | | | | | |
| Only (Fire/Crash Rescue | | | | | | | | | | | | | | | |
| Officers--51-01 only) *6 | 1 | $ - | 26¢/$1,000 | 26¢/$1,000 | $ - | $6.76/$1,000 | $6.76/$1,000 | $ - | $ - | $ - | $ - | 26¢/$1,000 | 26¢/$1,000 | $6.76/$1,000 | $ - |
| **[DL01] Dependent Life Options** | | | | (plus) | | | (plus) | | | | | | | | |
| Sp $ 1,500 &/or Ch $ 1,000 | 1 | $ 0.20 | $ - | $ 0.20 | $ 5.20 | $ - | $ 5.20 | $ 0.20 | $ - | $ 0.20 | $ 5.20 | $ - | $ 5.20 | $ 5.20 | $ - |
| Sp $ 5,000 &/or Ch $ 2,500 | 2 | $ 0.60 | $ - | $ 0.60 | $ 15.60 | $ - | $ 15.60 | $ 0.60 | $ - | $ 0.60 | $ 15.60 | $ - | $ 15.60 | $ 15.60 | $ - |
| Sp $10,000 &/or Ch $ 5,000 | 3 | $ 1.20 | $ - | $ 1.20 | $ 31.20 | $ - | $ 31.20 | $ 1.20 | $ - | $ 1.20 | $ 31.20 | $ - | $ 31.20 | $ 31.20 | $ - |
| Sp $25,000 &/or Ch $10,000 | 4 | $ 4.00 | $ - | $ 4.00 | $ 104.00 | $ - | $ 104.00 | $ 4.00 | $ - | $ 4.00 | $ 104.00 | $ - | $ 104.00 | $ 104.00 | $ - |
| Child(ren) Only $10,000 | 5 | $ 0.75 | $ - | $ 0.75 | $ 19.50 | $ - | $ 19.50 | $ 0.75 | $ - | $ 0.75 | $ 19.50 | $ - | $ 19.50 | $ 19.50 | $ - |
| **[HCEX] BCN Mid-Michigan** | 1 | $ 52.03 | $ 219.73 | $ 271.76 | $ 1,352.89 | $ 5,713.07 | $ 7,065.96 | $ 232.86 | $ 322.00 | $ 554.86 | $ 6,054.47 | $ 8,371.93 | $ 14,426.40 | $ 7,065.96 | $ 7,207.28 |
| | 2 | $ 104.07 | $ 439.46 | $ 543.53 | $ 2,705.88 | $ 11,426.04 | $ 14,131.92 | $ 465.73 | $ 643.99 | $ 1,109.72 | $ 12,109.05 | $ 16,743.75 | $ 28,852.80 | $ 14,131.92 | $ 14,414.56 |
| | 3 | $ 91.58 | $ 386.73 | $ 478.31 | $ 2,381.14 | $ 10,054.94 | $ 12,436.08 | $ 293.53 | $ 405.60 | $ 699.12 | $ 7,631.67 | $ 10,545.57 | $ 18,177.24 | $ 12,436.08 | $ 12,684.80 |
| | 4 | $ 143.62 | $ 606.46 | $ 750.08 | $ 3,734.02 | $ 15,768.02 | $ 19,502.04 | $ 541.78 | $ 745.49 | $ 1,287.28 | $ 14,086.35 | $ 19,382.85 | $ 33,469.20 | $ 19,502.04 | $ 19,892.08 |
| **[HD00] BCN East Michigan** | 1 | $ 54.28 | $ 219.73 | $ 274.01 | $ 1,411.21 | $ 5,713.07 | $ 7,124.28 | $ 244.91 | $ 322.00 | $ 566.91 | $ 6,367.67 | $ 8,371.93 | $ 14,739.60 | $ 7,124.28 | $ 7,266.77 |
| | 2 | $ 108.55 | $ 439.46 | $ 548.01 | $ 2,822.40 | $ 11,426.04 | $ 14,248.44 | $ 489.83 | $ 643.99 | $ 1,133.82 | $ 12,735.45 | $ 16,743.75 | $ 29,479.20 | $ 14,248.44 | $ 14,533.41 |
| | 3 | $ 95.53 | $ 386.73 | $ 482.26 | $ 2,483.74 | $ 10,054.94 | $ 12,538.68 | $ 308.71 | $ 405.60 | $ 714.30 | $ 8,026.35 | $ 10,545.57 | $ 18,571.92 | $ 12,538.68 | $ 12,789.45 |
| | 4 | $ 149.81 | $ 606.46 | $ 756.27 | $ 3,894.94 | $ 15,768.02 | $ 19,662.96 | $ 569.73 | $ 745.49 | $ 1,315.23 | $ 14,813.07 | $ 19,382.85 | $ 34,195.92 | $ 19,662.96 | $ 20,056.22 |
| **[HP00] BCN Great Lakes West** | 1 | $ 54.27 | $ 219.73 | $ 274.00 | $ 1,410.97 | $ 5,713.07 | $ 7,124.04 | $ 187.34 | $ 322.00 | $ 509.34 | $ 4,870.91 | $ 8,371.93 | $ 13,242.84 | $ 7,124.04 | $ 7,266.52 |
| | 2 | $ 108.54 | $ 439.46 | $ 548.00 | $ 2,822.16 | $ 11,426.04 | $ 14,248.20 | $ 374.69 | $ 643.99 | $ 1,018.68 | $ 9,741.93 | $ 16,743.75 | $ 26,485.68 | $ 14,248.20 | $ 14,533.16 |
| | 3 | $ 95.52 | $ 386.73 | $ 482.25 | $ 2,483.50 | $ 10,054.94 | $ 12,538.44 | $ 236.17 | $ 405.60 | $ 641.77 | $ 6,140.43 | $ 10,545.57 | $ 16,686.00 | $ 12,538.44 | $ 12,789.21 |
| | 4 | $ 149.79 | $ 606.46 | $ 756.25 | $ 3,894.46 | $ 15,768.02 | $ 19,662.48 | $ 436.17 | $ 745.49 | $ 1,181.67 | $ 11,340.51 | $ 19,382.85 | $ 30,723.36 | $ 19,662.48 | $ 20,055.73 |
| **[HX00] BCN SE Michigan** | 1 | $ 50.76 | $ 219.73 | $ 270.49 | $ 1,319.77 | $ 5,713.07 | $ 7,032.84 | $ 260.57 | $ 322.00 | $ 582.57 | $ 6,774.83 | $ 8,371.93 | $ 15,146.76 | $ 7,032.84 | $ 7,173.50 |
| | 2 | $ 101.53 | $ 439.46 | $ 540.99 | $ 2,639.76 | $ 11,426.04 | $ 14,065.80 | $ 521.15 | $ 643.99 | $ 1,165.14 | $ 13,549.77 | $ 16,743.75 | $ 30,293.52 | $ 14,065.80 | $ 14,347.12 |
| | 3 | $ 89.34 | $ 386.73 | $ 476.07 | $ 2,322.94 | $ 10,054.94 | $ 12,377.88 | $ 328.44 | $ 405.60 | $ 734.04 | $ 8,539.35 | $ 10,545.57 | $ 19,084.92 | $ 12,377.88 | $ 12,625.44 |
| | 4 | $ 140.10 | $ 606.46 | $ 746.56 | $ 3,642.70 | $ 15,768.02 | $ 19,410.72 | $ 606.06 | $ 745.49 | $ 1,351.56 | $ 15,757.59 | $ 19,382.85 | $ 35,140.44 | $ 19,410.72 | $ 19,798.93 |
| **[HCOP] COPS Trust Health Plan** | 1 | $ 44.54 | $ 219.73 | $ 264.27 | $ 1,157.95 | $ 5,713.07 | $ 6,871.02 | $ 44.54 | $ 219.73 | $ 264.27 | $ 1,157.95 | $ 5,713.07 | $ 6,871.02 | $ 6,871.02 | $ 7,008.44 |
| | 2 | $ 89.12 | $ 439.46 | $ 528.58 | $ 2,317.04 | $ 11,426.04 | $ 13,743.08 | $ 89.12 | $ 439.46 | $ 528.58 | $ 2,317.04 | $ 11,426.04 | $ 13,743.08 | $ 13,743.08 | $ 14,017.94 |
| | 3 | $ 78.41 | $ 386.73 | $ 465.14 | $ 2,038.70 | $ 10,054.94 | $ 12,093.64 | $ 78.41 | $ 386.73 | $ 465.14 | $ 2,038.70 | $ 10,054.94 | $ 12,093.64 | $ 12,093.64 | $ 12,335.51 |
| | 4 | $ 122.98 | $ 606.46 | $ 729.44 | $ 3,197.42 | $ 15,768.02 | $ 18,965.44 | $ 122.98 | $ 606.46 | $ 729.44 | $ 3,197.42 | $ 15,768.02 | $ 18,965.44 | $ 18,965.44 | $ 19,344.75 |
| **[HN00] Grand Valley Health** | 1 | $ 75.88 | $ 219.73 | $ 295.61 | $ 1,972.81 | $ 5,713.07 | $ 7,685.88 | $ - | $ - | $ - | $ - | $ - | $ - | $ 7,685.88 | $ 7,839.60 |
| | 2 | $ 151.76 | $ 439.46 | $ 591.22 | $ 3,945.72 | $ 11,426.04 | $ 15,371.76 | $ - | $ - | $ - | $ - | $ - | $ - | $ 15,371.76 | $ 15,679.20 |
| | 3 | $ 133.55 | $ 386.73 | $ 520.28 | $ 3,472.18 | $ 10,054.94 | $ 13,527.12 | $ - | $ - | $ - | $ - | $ - | $ - | $ 13,527.12 | $ 13,797.66 |
| | 4 | $ 209.42 | $ 606.46 | $ 815.88 | $ 5,444.98 | $ 15,768.02 | $ 21,213.00 | $ - | $ - | $ - | $ - | $ - | $ - | $ 21,213.00 | $ 21,637.26 |

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**FOR BARGAINING UNIT MSPTA (T01)**

| | | BIWEEKLY | | | ANNUAL | | | BIWEEKLY - DROP | | | ANNUAL - DROP | | | ANNUAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PLAN NAME/CODE | Option [1] | Employee | State | Total | Employee | State | Total | Employee | State | Total | Employee | State | Total | Leave/LO | COBRA |
| [HI00] Health Alliance Plan | 1 | $ 38.11 | $ 215.98 | $ 254.09 | $ 990.95 | $ 5,615.41 | $ 6,606.36 | $ 134.13 | $ 322.00 | $ 456.13 | $ 3,487.43 | $ 8,371.93 | $ 11,859.36 | $ 6,606.36 | $ 6,738.49 |
| | 2 | $ 76.55 | $ 433.81 | $ 510.36 | $ 1,990.40 | $ 11,278.96 | $ 13,269.36 | $ 268.27 | $ 643.99 | $ 912.26 | $ 6,974.97 | $ 16,743.75 | $ 23,718.72 | $ 13,269.36 | $ 13,534.75 |
| | 3 | $ 67.33 | $ 381.53 | $ 448.86 | $ 1,750.55 | $ 9,919.81 | $ 11,670.36 | $ 169.14 | $ 405.60 | $ 574.74 | $ 4,397.55 | $ 10,545.57 | $ 14,943.12 | $ 11,670.36 | $ 11,903.77 |
| | 4 | $ 105.77 | $ 599.36 | $ 705.13 | $ 2,750.00 | $ 15,583.36 | $ 18,333.36 | $ 312.73 | $ 745.49 | $ 1,058.22 | $ 8,130.87 | $ 19,382.85 | $ 27,513.72 | $ 18,333.36 | $ 18,700.03 |
| [HJ00] HealthPlus of Michigan | 1 | $ 39.90 | $ 219.73 | $ 259.63 | $ 1,037.29 | $ 5,713.07 | $ 6,750.36 | $ 181.59 | $ 322.00 | $ 503.58 | $ 4,721.27 | $ 8,371.93 | $ 13,093.20 | $ 6,750.36 | $ 6,885.37 |
| | 2 | $ 79.80 | $ 439.46 | $ 519.26 | $ 2,074.68 | $ 11,426.04 | $ 13,500.72 | $ 363.18 | $ 643.99 | $ 1,007.17 | $ 9,442.77 | $ 16,743.75 | $ 26,186.52 | $ 13,500.72 | $ 13,770.73 |
| | 3 | $ 70.22 | $ 386.73 | $ 456.95 | $ 1,825.66 | $ 10,054.94 | $ 11,880.60 | $ 228.92 | $ 405.60 | $ 634.52 | $ 5,951.86 | $ 10,545.57 | $ 16,497.43 | $ 11,880.60 | $ 12,118.21 |
| | 4 | $ 110.11 | $ 606.46 | $ 716.57 | $ 2,862.94 | $ 15,768.02 | $ 18,630.96 | $ 422.82 | $ 745.49 | $ 1,168.32 | $ 10,993.43 | $ 19,382.85 | $ 30,376.28 | $ 18,630.96 | $ 19,003.58 |
| [HMCL] McLaren Health Plan | 1 | $ 34.50 | $ 195.49 | $ 229.99 | $ 896.98 | $ 5,082.86 | $ 5,979.84 | $ - | $ - | $ - | $ - | $ - | $ - | $ 5,979.84 | $ 6,099.44 |
| | 2 | $ 69.00 | $ 390.99 | $ 459.99 | $ 1,793.97 | $ 10,165.83 | $ 11,959.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 11,959.80 | $ 12,199.00 |
| | 3 | $ 60.72 | $ 344.07 | $ 404.79 | $ 1,578.69 | $ 8,945.91 | $ 10,524.60 | $ - | $ - | $ - | $ - | $ - | $ - | $ 10,524.60 | $ 12,735.09 |
| | 4 | $ 95.22 | $ 539.57 | $ 634.79 | $ 2,475.68 | $ 14,028.88 | $ 16,504.56 | $ - | $ - | $ - | $ - | $ - | $ - | $ 16,504.56 | $ 16,834.65 |
| [HMEX] Physicians Health Plan | 1 | $ 41.55 | $ 219.73 | $ 261.28 | $ 1,080.25 | $ 5,713.07 | $ 6,793.32 | $ 138.89 | $ 322.00 | $ 460.89 | $ 3,611.08 | $ 8,371.93 | $ 11,983.01 | $ 6,793.32 | $ 6,929.19 |
| | 2 | $ 83.10 | $ 439.46 | $ 522.56 | $ 2,160.48 | $ 11,426.04 | $ 13,586.52 | $ 277.77 | $ 643.99 | $ 921.76 | $ 7,222.03 | $ 16,743.75 | $ 23,965.78 | $ 13,586.52 | $ 13,858.25 |
| | 3 | $ 73.12 | $ 386.73 | $ 459.85 | $ 1,901.14 | $ 10,054.94 | $ 11,956.08 | $ 174.93 | $ 405.60 | $ 580.53 | $ 4,548.26 | $ 10,545.57 | $ 15,093.83 | $ 11,956.08 | $ 12,195.20 |
| | 4 | $ 114.67 | $ 606.46 | $ 721.13 | $ 2,981.38 | $ 15,768.02 | $ 18,749.40 | $ 321.59 | $ 745.49 | $ 1,067.08 | $ 8,361.22 | $ 19,382.85 | $ 27,744.07 | $ 18,749.40 | $ 19,124.39 |
| [HF00] Priority Health Plan - West | 1 | $ 54.41 | $ 219.73 | $ 274.14 | $ 1,414.57 | $ 5,713.07 | $ 7,127.64 | $ 177.69 | $ 322.00 | $ 499.68 | $ 4,619.87 | $ 8,371.93 | $ 12,991.80 | $ 7,127.64 | $ 7,270.19 |
| | 2 | $ 108.82 | $ 439.46 | $ 548.28 | $ 2,829.24 | $ 11,426.04 | $ 14,255.28 | $ 354.36 | $ 643.99 | $ 998.35 | $ 9,213.30 | $ 16,743.75 | $ 25,957.05 | $ 14,255.28 | $ 14,540.39 |
| | 3 | $ 95.76 | $ 386.73 | $ 482.49 | $ 2,489.74 | $ 10,054.94 | $ 12,544.68 | $ 223.35 | $ 405.60 | $ 628.95 | $ 5,807.01 | $ 10,545.57 | $ 16,352.58 | $ 12,544.68 | $ 12,795.57 |
| | 4 | $ 150.17 | $ 606.46 | $ 756.63 | $ 3,904.30 | $ 15,768.02 | $ 19,672.32 | $ 412.58 | $ 745.49 | $ 1,158.07 | $ 10,727.06 | $ 19,382.85 | $ 30,109.91 | $ 19,672.32 | $ 20,065.77 |
| [HF01] Priority Health Plan - East | 1 | $ 54.41 | $ 219.73 | $ 274.14 | $ 1,414.57 | $ 5,713.07 | $ 7,127.64 | $ 177.69 | $ 322.00 | $ 499.68 | $ 4,619.87 | $ 8,371.93 | $ 12,991.80 | $ 7,127.64 | $ 7,270.19 |
| | 2 | $ 108.82 | $ 439.46 | $ 548.28 | $ 2,829.24 | $ 11,426.04 | $ 14,255.28 | $ 354.36 | $ 643.99 | $ 998.35 | $ 9,213.30 | $ 16,743.75 | $ 25,957.05 | $ 14,255.28 | $ 14,540.39 |
| | 3 | $ 95.76 | $ 386.73 | $ 482.49 | $ 2,489.74 | $ 10,054.94 | $ 12,544.68 | $ 223.35 | $ 405.60 | $ 628.95 | $ 5,807.01 | $ 10,545.57 | $ 16,352.58 | $ 12,544.68 | $ 12,795.57 |
| | 4 | $ 150.17 | $ 606.46 | $ 756.63 | $ 3,904.30 | $ 15,768.02 | $ 19,672.32 | $ 412.58 | $ 745.49 | $ 1,158.07 | $ 10,727.06 | $ 19,382.85 | $ 30,109.91 | $ 19,672.32 | $ 20,065.77 |
| [HF02] Priority Health Plan - South | 1 | $ 54.41 | $ 219.73 | $ 274.14 | $ 1,414.57 | $ 5,713.07 | $ 7,127.64 | $ 177.69 | $ 322.00 | $ 499.68 | $ 4,619.87 | $ 8,371.93 | $ 12,991.80 | $ 7,127.64 | $ 7,270.19 |
| | 2 | $ 108.82 | $ 439.46 | $ 548.28 | $ 2,829.24 | $ 11,426.04 | $ 14,255.28 | $ 354.36 | $ 643.99 | $ 998.35 | $ 9,213.30 | $ 16,743.75 | $ 25,957.05 | $ 14,255.28 | $ 14,540.39 |
| | 3 | $ 95.76 | $ 386.73 | $ 482.49 | $ 2,489.74 | $ 10,054.94 | $ 12,544.68 | $ 223.35 | $ 405.60 | $ 628.95 | $ 5,807.01 | $ 10,545.57 | $ 16,352.58 | $ 12,544.68 | $ 12,795.57 |
| | 4 | $ 150.17 | $ 606.46 | $ 756.63 | $ 3,904.30 | $ 15,768.02 | $ 19,672.32 | $ 412.58 | $ 745.49 | $ 1,158.07 | $ 10,727.06 | $ 19,382.85 | $ 30,109.91 | $ 19,672.32 | $ 20,065.77 |
| [HL00] Total Health Care | 1 | $ 26.87 | $ 152.27 | $ 179.14 | $ 698.67 | $ 3,959.13 | $ 4,657.80 | $ - | $ - | $ - | $ - | $ - | $ - | $ 4,657.80 | $ 4,750.96 |
| | 2 | $ 51.06 | $ 289.32 | $ 340.38 | $ 1,327.48 | $ 7,522.40 | $ 8,849.88 | $ - | $ - | $ - | $ - | $ - | $ - | $ 8,849.88 | $ 9,026.88 |
| | 3 | $ 61.81 | $ 350.23 | $ 412.04 | $ 1,606.95 | $ 9,106.05 | $ 10,713.00 | $ - | $ - | $ - | $ - | $ - | $ - | $ 10,713.00 | $ 10,927.26 |
| | 4 | $ 72.55 | $ 411.14 | $ 483.69 | $ 1,886.42 | $ 10,689.70 | $ 12,576.12 | $ - | $ - | $ - | $ - | $ - | $ - | $ 12,576.12 | $ 12,827.64 |

[1] Health option codes are 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family

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

[3] 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.

[4] Employees who opt out of dental coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.