

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2018-2019 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 7, 2018
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$62.74	\$250.94	\$313.68
	Employee & Spouse	\$125.48	\$501.91	\$627.39
	Employee & Child (ren)	\$110.42	\$441.68	\$552.10
	Full Family	\$173.16	\$692.63	\$865.79
PLAN NAME/CODE	Option	Employee	State	Total
[H2F0] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$15.81	\$15.81
	Employee & Spouse	\$0.00	\$31.62	\$31.62
	Employee & Child (ren)	\$0.00	\$31.62	\$31.62
	Full Family	\$0.00	\$31.62	\$31.62
PLAN NAME/CODE	Option	Employee	State	Total
[HBCN] Blue Care Network	Employee Only	\$42.56	\$241.18	\$283.74
	Employee & Spouse	\$85.12	\$482.35	\$567.47
	Employee & Child (ren)	\$74.91	\$424.47	\$499.38
	Full Family	\$117.47	\$665.65	\$783.12
PLAN NAME/CODE	Option	Employee	State	Total
[HCP1] COPS Trust Health Plan 1	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	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	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	\$44.01	\$249.41	\$293.42
	Employee & Spouse	\$88.40	\$500.95	\$589.35
	Employee & Child (ren)	\$77.75	\$440.58	\$518.33
	Full Family	\$122.14	\$692.13	\$814.27
PLAN NAME/CODE	Option	Employee	State	Total
[HMCL] McLaren Health Plan	Employee Only	\$42.74	\$242.20	\$284.94
	Employee & Spouse	\$85.48	\$484.40	\$569.88
	Employee & Child (ren)	\$75.20	\$426.14	\$501.34
	Full Family	\$117.95	\$668.38	\$786.33
PLAN NAME/CODE	Option	Employee	State	Total
[HMEX] Physicians Health Plan	Employee Only	\$56.56	\$250.94	\$307.50
	Employee & Spouse	\$113.10	\$501.91	\$615.01
	Employee & Child (ren)	\$99.52	\$441.68	\$541.20
	Full Family	\$156.07	\$692.63	\$848.70
PLAN NAME/CODE	Option	Employee	State	Total
[HPRI] Priority Health Plan	Employee Only	\$44.28	\$250.92	\$295.20
	Employee & Spouse	\$88.56	\$501.84	\$590.40
	Employee & Child (ren)	\$77.93	\$441.62	\$519.55
	Full Family	\$122.21	\$692.54	\$814.75
PLAN NAME/CODE	Option	Employee	State	Total
[HUHC] United Healthcare	Employee Only	\$41.80	\$236.86	\$278.66
	Employee & Spouse	\$83.60	\$473.74	\$557.34
	Employee & Child (ren)	\$73.57	\$416.89	\$490.46
	Full Family	\$115.37	\$653.75	\$769.12
PLAN NAME/CODE	Option	Employee	State	Total
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[H4ZN] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)

¹ Employees in the Catastrophic Health Plan will receive a \$50 rebate w/each paycheck starting the first pay period after effective coverage date.

² 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.

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2018-2019 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE OCTOBER 7, 2018
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$2.38	\$2.38
	Employee & Spouse	\$0.00	\$4.19	\$4.19
	Employee & Child (ren)	\$0.00	\$5.12	\$5.12
	Full Family	\$0.00	\$6.93	\$6.93
PLAN NAME/CODE	Option	Employee	State	Total
[V3ZN] Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)
PLAN NAME/CODE	Option	Employee	State	Total
[DBEX] State Dental Plan	Employee Only	\$1.05	\$19.87	\$20.92
	Employee & Spouse	\$1.91	\$36.26	\$38.17
	Employee & Child (ren)	\$2.32	\$44.16	\$46.48
	Full Family	\$3.18	\$60.49	\$63.67
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$2.99	\$2.99
	Employee & Spouse	\$0.00	\$5.21	\$5.21
	Employee & Child (ren)	\$0.00	\$5.21	\$5.21
	Full Family	\$0.00	\$7.42	\$7.42
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$19.94	\$19.94
	Employee & Spouse	\$0.00	\$19.94	\$19.94
	Employee & Child (ren)	\$0.00	\$19.94	\$19.94
	Full Family	\$0.00	\$19.94	\$19.94
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[D4ZN] "Opt Out" Dental ³	(n/a)	(n/a)	(n/a)	(n/a)
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
PLAN NAME/CODE	Option	Employee	State	Total
Long Term Disability (LTD) ⁴	Employee Only	0%	100%	100%

³Employees who opt out of dental coverage or enroll in the Preventive Dental Plan (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a \$100 rebate annually in November. The rebate will be prorated for new employees hired mid-year.

⁴The State shall pay 100% of the premium for LTD insurance coverage.