

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY2018-2019 GROUP INSURANCE ANNUAL 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	\$1,631.14	\$6,524.54	\$8,155.68
	Employee & Spouse	\$3,262.40	\$13,049.61	\$16,312.01
	Employee & Child (ren)	\$2,870.90	\$11,483.59	\$14,354.49
	Full Family	\$4,502.10	\$18,008.40	\$22,510.50
[H2F0] Catastrophic Health Plan ¹	Employee Only	\$0.00	\$411.06	\$411.06
	Employee & Spouse	\$0.00	\$822.12	\$822.12
	Employee & Child (ren)	\$0.00	\$822.12	\$822.12
	Full Family	\$0.00	\$822.12	\$822.12
[HBCN] Blue Care Network	Employee Only	\$1,106.57	\$6,270.55	\$7,377.12
	Employee & Spouse	\$2,213.15	\$12,541.21	\$14,754.36
	Employee & Child (ren)	\$1,947.56	\$11,036.20	\$12,983.76
	Full Family	\$3,054.17	\$17,306.95	\$20,361.12
[HCP1] COPS Trust Health Plan 1	Employee Only	\$1,455.64	\$6,524.54	\$7,980.18
	Employee & Spouse	\$2,922.71	\$13,049.61	\$15,972.32
	Employee & Child (ren)	\$2,781.31	\$11,483.59	\$14,264.90
	Full Family	\$4,484.98	\$18,008.40	\$22,493.38
[HCP2] COPS Trust Health Plan 2	Employee Only	\$988.42	\$6,524.54	\$7,512.96
	Employee & Spouse	\$1,988.01	\$13,049.61	\$15,037.62
	Employee & Child (ren)	\$1,744.95	\$11,483.59	\$13,228.54
	Full Family	\$2,734.92	\$18,008.40	\$20,743.32
[HCP3] COPS Trust Health Plan 3	Employee Only	\$2,607.70	\$6,524.54	\$9,132.24
	Employee & Spouse	\$5,227.35	\$13,049.61	\$18,276.96
	Employee & Child (ren)	\$4,838.95	\$11,483.59	\$16,322.54
	Full Family	\$7,727.18	\$18,008.40	\$25,735.58
[HI00] Health Alliance Plan	Employee Only	\$1,144.33	\$6,484.55	\$7,628.88
	Employee & Spouse	\$2,298.49	\$13,024.79	\$15,323.28
	Employee & Child (ren)	\$2,021.49	\$11,455.11	\$13,476.60
	Full Family	\$3,175.67	\$17,995.45	\$21,171.12
[HMCL] McLaren Health Plan	Employee Only	\$1,111.25	\$6,297.07	\$7,408.32
	Employee & Spouse	\$2,222.55	\$12,594.45	\$14,817.00
	Employee & Child (ren)	\$1,955.25	\$11,079.75	\$13,035.00
	Full Family	\$3,066.70	\$17,377.94	\$20,444.64
[HMEX] Physicians Health Plan	Employee Only	\$1,470.58	\$6,524.54	\$7,995.12
	Employee & Spouse	\$2,940.51	\$13,049.61	\$15,990.12
	Employee & Child (ren)	\$2,587.61	\$11,483.59	\$14,071.20
	Full Family	\$4,057.92	\$18,008.40	\$22,066.32
[HPRI] Priority Health Plan	Employee Only	\$1,151.28	\$6,523.92	\$7,675.20
	Employee & Spouse	\$2,302.56	\$13,047.84	\$15,350.40
	Employee & Child (ren)	\$2,026.26	\$11,482.14	\$13,508.40
	Full Family	\$3,177.54	\$18,006.06	\$21,183.60
[HUHC] United Healthcare	Employee Only	\$1,086.79	\$6,158.45	\$7,245.24
	Employee & Spouse	\$2,173.61	\$12,317.11	\$14,490.72
	Employee & Child (ren)	\$1,912.77	\$10,839.03	\$12,751.80
	Full Family	\$2,999.57	\$16,997.59	\$19,997.16
[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.

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PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$61.97	\$61.97
	Employee & Spouse	\$0.00	\$108.88	\$108.88
	Employee & Child (ren)	\$0.00	\$132.99	\$132.99
	Full Family	\$0.00	\$180.23	\$180.23
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	\$27.19	\$516.53	\$543.72
	Employee & Spouse	\$49.62	\$942.74	\$992.36
	Employee & Child (ren)	\$60.43	\$1,148.10	\$1,208.53
	Full Family	\$82.77	\$1,572.63	\$1,655.40
PLAN NAME/CODE	Option	Employee	State	Total
[DP00] Preventive Dental Plan	Employee Only	\$0.00	\$77.74	\$77.74
	Employee & Spouse	\$0.00	\$135.46	\$135.46
	Employee & Child (ren)	\$0.00	\$135.46	\$135.46
	Full Family	\$0.00	\$192.92	\$192.92
PLAN NAME/CODE	Option	Employee	State	Total
[DMEX] Midwestern Dental (DMO)	Employee Only	\$0.00	\$518.52	\$518.52
	Employee & Spouse	\$0.00	\$518.52	\$518.52
	Employee & Child (ren)	\$0.00	\$518.52	\$518.52
	Full Family	\$0.00	\$518.52	\$518.52
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	\$7.28/\$1,000	\$7.28/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$5.20	\$0.00	\$5.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$15.60	\$0.00	\$15.60
	Sp \$10,000 &/or Ch \$ 5,000	\$31.20	\$0.00	\$31.20
	Sp \$25,000 &/or Ch \$10,000	\$104.00	\$0.00	\$104.00
	Child(ren) Only \$10,000	\$19.50	\$0.00	\$19.50
	Sp \$50,000 &/or Ch \$15,000	\$198.12	\$0.00	\$198.12
	Child(ren) Only \$15,000	\$29.38	\$0.00	\$29.38
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.