

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2022 COBRA MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2022

For NERE & Bargaining Units: AFSCME, MCO, MSEA, UAW, SEIU Local 517M, Judicial Branch,
and Non-Represented (Z60–Z89)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HAEX] State Health Plan PPO	Applicant Only	\$636.75	\$649.49
	Applicant & Spouse	\$1,432.68	\$1,461.33
	Applicant & Children	\$1,114.31	\$1,136.60
	Full Family	\$1,910.24	\$1,948.44
[HAEX] State Health Plan PPO w/Medicare	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only w/Medicare	\$509.40	\$519.59
	Applicant & Spouse w/Medicare	\$1,146.14	\$1,169.07
	Applicant w/Medicare & Children	\$891.45	\$909.28
	Full Family w/Medicare	\$1,528.19	\$1,558.76
[HDHP] State High Deductible Health Plan with HSA	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$541.67	\$552.50
	Applicant & Spouse	\$1,220.33	\$1,244.74
	Applicant & Children	\$948.75	\$967.73
	Full Family	\$1,626.08	\$1,658.61
[H2C0] Catastrophic Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$34.26	\$34.94
	Applicant & Spouse	\$68.51	\$69.88
	Applicant & Children	\$68.51	\$69.88
	Full Family	\$68.51	\$69.88
[HBCN] Blue Care Network	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$621.98	\$634.42
	Applicant & Spouse	\$1,399.44	\$1,427.43
	Applicant & Children	\$1,088.46	\$1,110.23
	Full Family	\$1,865.92	\$1,903.24
[HI00] Health Alliance Plan	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$648.14	\$661.10
	Applicant & Spouse	\$1,458.32	\$1,487.49
	Applicant & Children	\$1,134.25	\$1,156.94
	Full Family	\$1,944.42	\$1,983.31
[HMCL] McLaren Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$633.07	\$645.73
	Applicant & Spouse	\$1,424.40	\$1,452.89
	Applicant & Children	\$1,107.87	\$1,130.03
	Full Family	\$1,899.20	\$1,937.18
[HMEX] Physicians Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$632.31	\$644.96
	Applicant & Spouse	\$1,422.60	\$1,451.05
	Applicant & Children	\$1,106.55	\$1,128.68
	Full Family	\$1,896.94	\$1,934.88
[HPRI] Priority Health Plan	Option	Leave/Layoff (100%)	COBRA (102%)
	Applicant Only	\$775.41	\$790.92
	Applicant & Spouse	\$1,744.67	\$1,779.56
	Applicant & Children	\$1,356.97	\$1,384.11
	Full Family	\$2,326.23	\$2,372.75

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PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[VEYE] State Vision Plan	Applicant Only	\$4.96	\$5.06
	Applicant & Spouse	\$11.16	\$11.38
	Applicant & Children	\$8.68	\$8.85
	Full Family	\$14.88	\$15.17
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DBEX] State Dental Plan	Applicant Only	\$42.94	\$43.79
	Applicant & Spouse	\$85.87	\$87.59
	Applicant & Children	\$96.60	\$98.53
	Full Family	\$139.54	\$142.33
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DPC0] Preventive Dental Plan	Applicant Only	\$5.53	\$5.64
	Applicant & Spouse	\$11.05	\$11.28
	Applicant & Children	\$12.44	\$12.68
	Full Family	\$17.96	\$18.32
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
LUEX/LAEX/LREX Employee Life (Only)	Applicant Only	61¢/\$1,000	(n/a)
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000 - Plan F	\$0.43	(n/a)
	Sp \$ 5,000 &/or Ch \$ 2,500 - Plan G	\$1.30	(n/a)
	Sp \$10,000 &/or Ch \$ 5,000 - Plan H	\$2.60	(n/a)
	Sp \$25,000 &/or Ch \$10,000 - Plan K	\$8.67	(n/a)
	Child(ren) Only \$10,000 - Plan L	\$1.63	(n/a)
	Sp \$50,000 &/or Ch \$15,000 - Plan M	\$16.51	(n/a)
	Child(ren) Only \$15,000 - Plan N	\$2.45	(n/a)