

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2024 COBRA MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2024
FOR BARGAINING UNITS: MSPTA (T01)

PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
(HAEX) State Health Plan PPO (Blue Cross)	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
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HDHP] State High Deductible Health Plan with HSA (Blue Cross)	Employee Only	\$541.67	\$552.50
	Employee & Spouse	\$1,220.33	\$1,244.74
	Employee & Child (ren)	\$948.75	\$967.73
	Full Family	\$1,626.08	\$1,658.61
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HBCN] Blue Care Network	Applicant Only	\$753.55	\$768.62
	Applicant & Spouse	\$1,695.47	\$1,729.38
	Applicant & Children	\$1,318.71	\$1,345.08
	Full Family	\$2,260.63	\$2,305.84
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP1] COPS Trust Health Plan 1	Applicant Only	\$629.55	\$642.14
	Applicant & Spouse	\$1,416.46	\$1,444.79
	Applicant & Children	\$1,101.69	\$1,123.72
	Full Family	\$1,888.62	\$1,926.39
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP2] COPS Trust Health Plan 2	Applicant Only	\$590.31	\$602.12
	Applicant & Spouse	\$1,328.19	\$1,354.75
	Applicant & Children	\$1,033.05	\$1,053.71
	Full Family	\$1,770.93	\$1,806.35
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP3] COPS Trust Health Plan 3	Applicant Only	\$719.68	\$734.07
	Applicant & Spouse	\$1,619.26	\$1,651.65
	Applicant & Children	\$1,259.42	\$1,284.61
	Full Family	\$2,159.02	\$2,202.20
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HCP4] COPS Trust Health Plan 4	Applicant Only	\$512.61	\$522.86
	Applicant & Spouse	\$1,153.36	\$1,176.43
	Applicant & Children	\$897.07	\$915.01
	Full Family	\$1,537.84	\$1,568.60
PLAN NAME/CODE	Option	Leave/Layoff (100%)	COBRA (102%)
[HI00] Health Alliance Plan	Applicant Only	\$777.36	\$792.91
	Applicant & Spouse	\$1,749.06	\$1,784.04
	Applicant & Children	\$1,360.39	\$1,387.60
	Full Family	\$2,332.08	\$2,378.72
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

CIVIL SERVICE COMMISSION
 EMPLOYEE BENEFITS DIVISION
CY2024 COBRA MONTHLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2024
FOR BARGAINING UNITS: MSPTA (T01)

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	69¢/\$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)