

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
MONTHLY RETIREE COBRA RATES
CY2024 GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2024

Plan Name	Option	Retiree	
State Health Plan PPO - w/o Medicare (Blue Cross)	Self	\$916.59	
	Self and Spouse	\$1,833.14	
	Self and Child(ren)	\$1,154.56	
	Self, Spouse and Child(ren)	\$2,122.11	
State Health Plan PPO - w/ Medicare Parts A&B (Blue Cross)	Option	Retiree	
	Self	\$480.59	
	Self and Spouse	\$961.20	
	Self and Child(ren)	\$718.58	
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Self, Spouse and Child(ren)	\$1,250.17	
	Option	Retiree	
	Self w/o Medicare, Spouse w/Medicare	\$1,397.18	
	Self w/ Medicare, Spouse w/o Medicare	\$1,397.18	
State Health Plan PPO - 1 w/ Medicare, 1 w/o (Blue Cross)	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,686.14	
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,686.14	
	Option	Retiree	
	Plan Name	Option	Retiree
State Dental Plan	Self	\$50.03	
	Self and Spouse	\$91.15	
	Self and Child(ren)	\$111.34	
	Self, Spouse and Child(ren)	\$152.48	
State Vision Plan	Option	Retiree	
	Self	\$5.52	
	Self and Spouse	\$8.98	
	Self and Child(ren)	\$12.56	
State Vision Plan	Self, Spouse and Child(ren)	\$16.02	
	Option	Retiree	
	Plan Name	Option	Retiree
	Blue Care Network HMO - w/o Medicare	Self	\$1,399.78
Self and Spouse		\$2,799.55	
Self and Child(ren)		\$1,749.72	
Self, Spouse and Child(ren)		\$3,149.49	
Blue Care Network HMO - w/ Medicare Parts A&B	Option	Retiree	
	Self	\$243.05	
	Self and Spouse	\$486.09	
	Self and Child(ren)	\$592.99	
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$836.03	
	Option	Retiree	
	Self w/o Medicare, Spouse w/Medicare	\$1,642.82	
	Self w/ Medicare, Spouse w/o Medicare	\$1,642.82	
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$1,992.76	
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$1,992.76	

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Plan Name	Option	Retiree
Health Alliance Plan HMO - w/o Medicare	Self	\$1,692.91
	Self and Spouse	\$3,385.83
	Self and Child(ren)	\$2,116.14
	Self, Spouse and Child(ren)	\$3,809.06
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree
	Self	\$377.53
	Self and Spouse	\$755.07
	Self and Child(ren)	\$800.76
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$1,178.29
	Option	Retiree
	Self w/o Medicare, Spouse w/Medicare	\$2,070.45
	Self w/ Medicare, Spouse w/o Medicare	\$2,070.45
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$2,493.68
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$2,493.68