

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
MONTHLY RETIREE COBRA RATES
CY2025 GROUP INSURANCE PREMIUM RATES
EFFECTIVE JANUARY 1, 2025

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
	Self	\$54.03
State Dental Plan	Self and Spouse	\$98.44
	Self and Child(ren)	\$120.25
	Self, Spouse and Child(ren)	\$164.68
	Option	Retiree
State Vision Plan	Self	\$5.52
	Self and Spouse	\$8.98
	Self and Child(ren)	\$12.56
	Self, Spouse and Child(ren)	\$16.02
Blue Care Network HMO - w/o Medicare	Option	Retiree
	Self	\$1,726.63
	Self and Spouse	\$3,453.25
	Self and Child(ren)	\$2,158.28
Blue Care Network HMO - w/ Medicare Parts A&B	Self, Spouse and Child(ren)	\$3,884.90
	Option	Retiree
	Self	\$333.49
	Self and Spouse	\$666.98
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self and Child(ren)	\$765.14
	Self, Spouse and Child(ren)	\$1,098.63
	Option	Retiree
	Self w/o Medicare, Spouse w/Medicare	\$2,060.11
Blue Care Network HMO - 1 w/ Medicare, 1 w/o	Self w/ Medicare, Spouse w/o Medicare	\$2,060.11
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$2,491.77
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$2,491.77

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Plan Name	Option	Retiree
Health Alliance Plan HMO - w/o Medicare	Self	\$1,843.54
	Self and Spouse	\$3,687.08
	Self and Child(ren)	\$2,304.42
	Self, Spouse and Child(ren)	\$4,147.96
Health Alliance Plan HMO - w/ Medicare Parts A&B	Option	Retiree
	Self	\$388.85
	Self and Spouse	\$777.71
	Self and Child(ren)	\$849.74
Health Alliance Plan HMO - 1 w/ Medicare, 1 w/o	Self, Spouse and Child(ren)	\$1,238.60
	Option	Retiree
	Self w/o Medicare, Spouse w/Medicare	\$2,232.39
	Self w/ Medicare, Spouse w/o Medicare	\$2,232.39
	Self w/o Medicare, Spouse w/Medicare & Child(ren)	\$2,693.28
	Self w/ Medicare, Spouse w/o Medicare & Child(ren)	\$2,693.28