

CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
CY2023 GROUP INSURANCE BIWEEKLY PREMIUM RATES
EFFECTIVE JANUARY 1, 2023
FOR BARGAINING UNIT MSPTA (T01)

PLAN NAME/CODE	Option	Employee	State	Total
[HAEX] State Health Plan PPO	Employee Only	\$58.78	\$235.11	\$293.89
	Employee & Spouse	\$132.25	\$528.99	\$661.24
	Employee & Child (ren)	\$102.86	\$411.44	\$514.30
	Full Family	\$176.33	\$705.32	\$881.65
[HDHP] State High Deductible Health Plan with HSA	Employee Only	\$30.00	\$220.00	\$250.00
	Employee & Spouse	\$67.59	\$495.64	\$563.23
	Employee & Child (ren)	\$52.55	\$385.34	\$437.89
	Full Family	\$90.06	\$660.44	\$750.50
[HBCN] Blue Care Network ¹	Employee Only	\$80.38	\$235.11	\$315.49
	Employee & Spouse	\$180.85	\$528.99	\$709.84
	Employee & Child (ren)	\$140.66	\$411.44	\$552.10
	Full Family	\$241.13	\$705.32	\$946.45
[HCP1] COPS Trust Health Plan 1	Employee Only	\$55.45	\$235.11	\$290.56
	Employee & Spouse	\$124.76	\$528.99	\$653.75
	Employee & Child (ren)	\$97.03	\$411.44	\$508.47
	Full Family	\$166.35	\$705.32	\$871.67
[HCP2] COPS Trust Health Plan 2	Employee Only	\$37.34	\$235.11	\$272.45
	Employee & Spouse	\$84.02	\$528.99	\$613.01
	Employee & Child (ren)	\$65.35	\$411.44	\$476.79
	Full Family	\$112.03	\$705.32	\$817.35
[HCP3] COPS Trust Health Plan 3	Employee Only	\$97.05	\$235.11	\$332.16
	Employee & Spouse	\$218.36	\$528.99	\$747.35
	Employee & Child (ren)	\$169.83	\$411.44	\$581.27
	Full Family	\$291.15	\$705.32	\$996.47
[HCP4] COPS Trust Health Plan 4	Employee Only	\$1.48	\$235.11	\$236.59
	Employee & Spouse	\$3.33	\$528.99	\$532.32
	Employee & Child (ren)	\$2.59	\$411.44	\$414.03
	Full Family	\$4.45	\$705.32	\$709.77
[HI00] Health Alliance Plan ¹	Employee Only	\$91.75	\$235.11	\$326.86
	Employee & Spouse	\$206.44	\$528.99	\$735.43
	Employee & Child (ren)	\$160.57	\$411.44	\$572.01
	Full Family	\$275.25	\$705.32	\$980.57
[HMCL] McLaren Health Plan ¹	Employee Only	\$80.45	\$235.11	\$315.56
	Employee & Spouse	\$181.00	\$528.99	\$709.99
	Employee & Child (ren)	\$140.78	\$411.44	\$552.22
	Full Family	\$241.34	\$705.32	\$946.66
[HMEX] Physicians Health Plan ¹	Employee Only	\$99.04	\$235.11	\$334.15
	Employee & Spouse	\$222.80	\$528.99	\$751.79
	Employee & Child (ren)	\$173.33	\$411.44	\$584.77
	Full Family	\$297.14	\$705.32	\$1,002.46
[H3ZN] Decline Health Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[HLWR] "Opt Out" Health ²	(n/a)	(n/a)	(n/a)	(n/a)

¹ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage option under the State Health Plan PPO.

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 \$50 rebate with each paycheck beginning the first pay period after effective date of coverage.

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PLAN NAME/CODE	Option	Employee	State	Total
[VEYE] State Vision Plan	Employee Only	\$0.00	\$2.29	\$2.29
	Employee & Spouse	\$0.00	\$5.15	\$5.15
	Employee & Child (ren)	\$0.00	\$4.01	\$4.01
	Full Family	\$0.00	\$6.87	\$6.87
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	\$0.99	\$18.83	\$19.82
	Employee & Spouse	\$1.98	\$37.65	\$39.63
	Employee & Child (ren)	\$2.23	\$42.36	\$44.59
	Full Family	\$3.22	\$61.18	\$64.40
PLAN NAME/CODE	Option	Employee	State	Total
[DNPR] Preventive Dental Plan	Employee Only	\$0.00	\$2.55	\$2.55
	Employee & Spouse	\$0.00	\$5.10	\$5.10
	Employee & Child (ren)	\$0.00	\$5.74	\$5.74
	Full Family	\$0.00	\$8.29	\$8.29
PLAN NAME/CODE	Option	Employee	State	Total
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "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	32¢/\$1,000	32¢/\$1,000
PLAN NAME/CODE	Option	Employee	State	Total
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$0.20	\$0.00	\$0.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$0.60	\$0.00	\$0.60
	Sp \$10,000 &/or Ch \$ 5,000	\$1.20	\$0.00	\$1.20
	Sp \$25,000 &/or Ch \$10,000	\$4.00	\$0.00	\$4.00
	Child(ren) Only \$10,000	\$0.75	\$0.00	\$0.75
	Sp \$50,000 &/or Ch \$15,000	\$7.62	\$0.00	\$7.62
	Child(ren) Only \$15,000	\$1.13	\$0.00	\$1.13
PLAN NAME/CODE	Option	Employee	State	Total
Long Term Disability (LTD) ⁴	Employee Only	0%	100%	100%

³ Employees 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.

⁴ The State shall pay 100% of the premium for LTD insurance coverage.