

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

PLAN NAME/CODE	Option	Employee	State	Total
<b>[HAEX] State Health Plan PPO</b>	Employee Only	\$1,528.20	\$6,112.80	\$7,641.00
	Employee & Spouse	\$3,438.43	\$13,753.73	\$17,192.16
	Employee & Child (ren)	\$2,674.34	\$10,697.38	\$13,371.72
	Full Family	\$4,584.58	\$18,338.30	\$22,922.88
<b>[HDHP] State High Deductible Health Plan with HSA</b>	Employee Only	\$780.00	\$5,720.00	\$6,500.00
	Employee & Spouse	\$1,757.28	\$12,886.72	\$14,644.00
	Employee & Child (ren)	\$1,366.20	\$10,018.80	\$11,385.00
	Full Family	\$2,341.56	\$17,171.44	\$19,513.00
<b>[HBCN] Blue Care Network <sup>1</sup></b>	Employee Only	\$2,089.80	\$6,112.80	\$8,202.60
	Employee & Spouse	\$4,702.03	\$13,753.73	\$18,455.76
	Employee & Child (ren)	\$3,657.14	\$10,697.38	\$14,354.52
	Full Family	\$6,269.50	\$18,338.30	\$24,607.80
<b>[HCP1] COPS Trust Health Plan 1</b>	Employee Only	\$1,441.80	\$6,112.80	\$7,554.60
	Employee & Spouse	\$3,243.79	\$13,753.73	\$16,997.52
	Employee & Child (ren)	\$2,522.90	\$10,697.38	\$13,220.28
	Full Family	\$4,325.14	\$18,338.30	\$22,663.44
<b>[HCP2] COPS Trust Health Plan 2</b>	Employee Only	\$970.92	\$6,112.80	\$7,083.72
	Employee & Spouse	\$2,184.55	\$13,753.73	\$15,938.28
	Employee & Child (ren)	\$1,699.22	\$10,697.38	\$12,396.60
	Full Family	\$2,912.86	\$18,338.30	\$21,251.16
<b>[HCP3] COPS Trust Health Plan 3</b>	Employee Only	\$2,523.36	\$6,112.80	\$8,636.16
	Employee & Spouse	\$5,677.39	\$13,753.73	\$19,431.12
	Employee & Child (ren)	\$4,415.66	\$10,697.38	\$15,113.04
	Full Family	\$7,569.94	\$18,338.30	\$25,908.24
<b>[HCP4] COPS Trust Health Plan 4</b>	Employee Only	\$38.52	\$6,112.80	\$6,151.32
	Employee & Spouse	\$86.59	\$13,753.73	\$13,840.32
	Employee & Child (ren)	\$67.46	\$10,697.38	\$10,764.84
	Full Family	\$115.78	\$18,338.30	\$18,454.08
<b>[HI00] Health Alliance Plan <sup>1</sup></b>	Employee Only	\$2,385.48	\$6,112.80	\$8,498.28
	Employee & Spouse	\$5,367.43	\$13,753.73	\$19,121.16
	Employee & Child (ren)	\$4,174.70	\$10,697.38	\$14,872.08
	Full Family	\$7,156.54	\$18,338.30	\$25,494.84
<b>[HMCL] McLaren Health Plan <sup>1</sup></b>	Employee Only	\$2,091.60	\$6,112.80	\$8,204.40
	Employee & Spouse	\$4,705.99	\$13,753.73	\$18,459.72
	Employee & Child (ren)	\$3,660.26	\$10,697.38	\$14,357.64
	Full Family	\$6,274.78	\$18,338.30	\$24,613.08
<b>[HMEX] Physicians Health Plan <sup>1</sup></b>	Employee Only	\$2,575.08	\$6,112.80	\$8,687.88
	Employee & Spouse	\$5,792.83	\$13,753.73	\$19,546.56
	Employee & Child (ren)	\$4,506.62	\$10,697.38	\$15,204.00
	Full Family	\$7,725.70	\$18,338.30	\$26,064.00
<b>[H3ZN] Decline Health Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)
<b>[HLWR] "Opt Out" Health <sup>2</sup></b>	(n/a)	(n/a)	(n/a)	(n/a)

<sup>1</sup> 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.

<sup>2</sup> 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	\$59.51	\$59.51
	Employee & Spouse	\$0.00	\$133.89	\$133.89
	Employee & Child (ren)	\$0.00	\$104.14	\$104.14
	Full Family	\$0.00	\$178.52	\$178.52
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
[V3ZN] Decline Vision Insurance	(n/a)	(n/a)	(n/a)	(n/a)
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
[DBEX] State Dental Plan	Employee Only	\$25.76	\$489.46	\$515.22
	Employee & Spouse	\$51.52	\$978.91	\$1,030.43
	Employee & Child (ren)	\$57.96	\$1,101.27	\$1,159.23
	Full Family	\$83.72	\$1,590.73	\$1,674.45
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
[DNPR] Preventive Dental Plan	Employee Only	\$0.00	\$66.33	\$66.33
	Employee & Spouse	\$0.00	\$132.65	\$132.65
	Employee & Child (ren)	\$0.00	\$149.23	\$149.23
	Full Family	\$0.00	\$215.56	\$215.56
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
[D3ZN] Decline Dental Insurance	(n/a)	(n/a)	(n/a)	(n/a)
[DNWR] "Opt Out" Dental <sup>3</sup>	(n/a)	(n/a)	(n/a)	(n/a)
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
Employee Life	Employee Only	\$0.00	\$8.32/\$1,000	\$8.32/\$1,000
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
[DL01] Dependent Life Options	Sp \$ 1,500 &/or Ch \$ 1,000	\$5.20	\$0.00	\$5.20
	Sp \$ 5,000 &/or Ch \$ 2,500	\$15.60	\$0.00	\$15.60
	Sp \$10,000 &/or Ch \$ 5,000	\$31.20	\$0.00	\$31.20
	Sp \$25,000 &/or Ch \$10,000	\$104.00	\$0.00	\$104.00
	Child(ren) Only \$10,000	\$19.50	\$0.00	\$19.50
	Sp \$50,000 &/or Ch \$15,000	\$198.12	\$0.00	\$198.12
	Child(ren) Only \$15,000	\$29.38	\$0.00	\$29.38
<b>PLAN NAME/CODE</b>	<b>Option</b>	<b>Employee</b>	<b>State</b>	<b>Total</b>
Long Term Disability (LTD) <sup>4</sup>	Employee Only	0%	100%	100%

<sup>3</sup> 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.

<sup>4</sup> The State shall pay 100% of the premium for LTD insurance coverage.